



CITY OF BIRMINGHAM

REPORT OF THE
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1965



72651



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MEMBERS OF THE HEALTH COMMITTEE

Municipal Year, 1965-66

Chairman COUNCILLOR MRS. M. A. BROWN, J.P.

(Chairman of Staff and Staff Discipline Sub-Committee)

THE LORD MAYOR (ALDERMAN G. CORBYN BARROW, J.P.)

ALDERMAN W. T. BOWEN, J.P.

ALDERMAN MRS. A. F. WOOD, C.B.E., J.P.

COUNCILLOR D. G. BEVAN

COUNCILLOR J. BLENKINSOPP

COUNCILLOR H. C. BLUMENTHAL

COUNCILLOR MRS. J. COLE

(Chairman of Finance and General Purposes Sub-Committee)

COUNCILLOR J. A. DAVIS, J.P.

COUNCILLOR H. EDWARDS

COUNCILLOR T. F. S. FORSTER

COUNCILLOR E. J. FRANKLIN

COUNCILLOR L. GRIFFITH

COUNCILLOR MRS. N. F. HINKS, J.P.

COUNCILLOR C. HUXTABLE

COUNCILLOR W. A. N. JONES

COUNCILLOR W. L. LAWLER

COUNCILLOR J. W. NOWELL

COUNCILLOR MEYRICK REES

COUNCILLOR MRS. C. B. REYNOLDS

COUNCILLOR A. T. WALKER

(Chairman of Mental Health Sub-Committee)

COUNCILLOR J. T. WEBSTER

COUNCILLOR MISS O. M. WILLIAMS

(Chairman of Maternity and Child Welfare Sub-Committee)

SUB-COMMITTEES OF THE HEALTH COMMITTEE

Finance and General Purposes Sub-Committee:

Chairman—COUNCILLOR MRS. J. COLE

ALDERMAN W. T. BOWEN

COUNCILLORS D. G. BEVAN, H. C. BLUMENTHAL, MRS. M. A. BROWN, J. A. DAVIS, H. EDWARDS, E. J. FRANKLIN, MRS. N. F. HINKS, C. HUXTABLE, W. A. N. JONES, W. L. LAWLER, J. W. NOWELL, A. T. WALKER, J. T. WEBSTER, MISS O. M. WILLIAMS.

RESPONSIBILITIES:

Public Health Acts; Clean Air Act; Prevention of Damage by Pests Act; Milk and Dairies Legislation; Food and Drugs Acts; Housing Acts (parts); National Health Service Act, Section 21 Health Centres, Section 26 Vaccination and Immunisation, Section 27 Ambulance Service, Section 28 Prevention of Illness, Care and After-Care; Rag Flock and other Filling Materials Act; Rent Act; Heating Appliances (Fireguards) Act, Diseases of Animals Act 1950; Offices, Shops and Railway Premises Act 1963, and other miscellaneous enactments not within the scope of personal services.

Meetings monthly.

Maternity and Child Welfare Sub-Committee:

Chairman—COUNCILLOR MISS O. M. WILLIAMS

ALDERMAN W. T. BOWEN

COUNCILLORS J. BLENKINSOPP, H. C. BLUMENTHAL, MRS. M. A. BROWN, MRS. J. COLE, E. J. FRANKLIN, MRS. N. F. HINKS, C. HUXTABLE, W. A. N. JONES, W. L. LAWLER, M. REES, MRS. C. B. REYNOLDS, A. T. WALKER, J. T. WEBSTER.

RESPONSIBILITIES:

The Public Health Act in so far as it relates to the inspection of Nursing Homes, Nursing Homes Act 1963; The National Health Service Act, Section 22 Care of Mothers and Young Children, Section 23 Midwifery, Section 24 Health Visiting, Section 25 Home Nursing, Section 28 Prevention of Illness Care and After-Care (Care of the Aged), Section 29 (Domestic Help); Nursing Homes Act 1963; and all matters relating to Maternity and Child Welfare contained in other enactments.

Meetings bi-monthly.

Mental Health Sub-Committee:

Chairman—COUNCILLOR A. T. WALKER

ALDERMEN W. T. BOWEN, MRS. A. F. WOOD

COUNCILLORS D. G. BEVAN, J. BLENKINSOPP, H. C. BLUMENTHAL, MRS. M. A. BROWN, MRS. J. COLE, T. F. S. FORSTER, L. GRIFFITH, W. A. N. JONES, W. L. LAWLER, M. REES.

RESPONSIBILITIES:

The National Health Service Act, Section 28 (Prevention of Illness, Care and After-Care related to Mental Health) and Mental Health Act, 1959; Nursing Homes Act, 1963.

Meetings bi-monthly.

Staff and Staff Discipline Sub-Committee:

Chairman—COUNCILLOR MRS. M. A. BROWN

ALDERMAN W. T. BOWEN, COUNCILLORS MRS. J. COLE, H. EDWARDS,
E. J. FRANKLIN, A. T. WALKER, MISS O. M. WILLIAMS

Meetings at call of Chairman

OTHER COMMITTEES OF THE CITY COUNCIL CONCERNED WITH MATTERS OF PUBLIC
HEALTH AND THE SOCIAL SERVICES

Baths Committee (provision of bathing establishments)

Children's Committee (care of deprived children and adoption)

Education Committee (administration on behalf of Health Committee of junior special training centres and senior special training centre for females)

Finance Committee and also the General Purposes Committee (financial provisions of the various enactments)

Fire Brigade Committee (Ambulance Service on an agency basis)

House Building Committee (erection of houses)

Housing Management Committee (slum clearance and management of municipal houses)

Markets and Fairs Committee (regulation, control and management of markets and fairs)

Public Works Committee (*inter alia* in charge of all works in connection with public drains and sewers, paving, surfacing and maintenance of streets and roads, the lighting and cleansing of highways, etc.)

Salvage Committee (refuse disposal)

Water Committee (provision of the City's water supply)

Welfare Committee (provision of services under the National Assistance Acts, 1948 and 1951)

STAFF OF THE PUBLIC HEALTH DEPARTMENT AS AT 31st DECEMBER, 1965

Medical Officer of Health:

E. L. M. MILLAR, M.Sc., M.D., Ch.B., D.P.H.

Deputy Medical Officer of Health:

W. NICOL, M.B. Ch.B., D.P.H.

Secretary-Accountant:

C. C. BATEMAN, F.C.A., F.C.C.S.

Administrative Medical Officers of Health:

D. F. MAHON, M.B., B.Ch., B.A.O., D.P.H., B.Sc.(Public Health), L.M.

S. G. PHILLIPS, M.B., Ch.B., D.T.M. and H., D.Obst., R.C.O.G., D.P.H.

Deputy to Administrative Medical Officer of Health for Maternity and Child Welfare:

ISOBEL B. CRAIGHEAD, M.B., Ch.B., D.P.H.

Deputy to Administrative Medical Officer of Health for General Purposes:

Post Vacant

Medical Superintendent for Nurseries and Deprived Children:

K. C. PASI, M.B., B.S., D.P.H.

Assistant Administrative Medical Officers of Health for Maternity and Child Welfare:

MARGARET I. MCKINLAY, M.B., Ch.B., D.P.H. (and Mental Health)

J. ELIZABETH PRESTON, M.B., Ch.B. (and Nurseries).

Medical Officer for B.C.G. Vaccination:

ESTHER M. DEVLIN, M.B., B.Ch., B.A.O.(N.U.I.), D.P.H., L.M.

Medical Officer for Staff Welfare:

J. J. LANDON, M.A., M.B., B.Chir. (Cantab.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)

Principal Dental Officer:

F. J. HASTILOW, L.D.S.

City Analyst:

A. H. COOMBES, B.Sc., F.R.I.C.

Chief Veterinary Officer:

W. S. DAVISON, M.R.C.V.S., D.V.S.M., F.R.S.H.

Chief Public Health Inspector:

E. N. WAKELIN, O.B.E., F.R.S.H., F.A.P.H.I.

Chief Housing Inspector:

L. V. AMBLER, M.A.P.H.I.

Chief Smoke Inspector:

S. C. BEAUMONT, M.I.Mar.E., M.R.S.H., M.A.P.H.I.

SECRETARIAL AND ACCOUNTANCY

Secretary-Accountant	...	...	...	...	...	...	...	...	1
Assistant Secretary	...	...	...	...	...	...	...	...	1
Administrative Assistant	...	...	...	...	...	...	...	...	1
Deputy Accountant	...	...	...	...	...	...	...	...	1
Assistant Accountant	...	...	...	...	...	...	...	...	1
Staff Officer	...	...	...	...	...	...	...	...	1
Steward	...	...	...	...	...	...	...	...	1
Administrative, Accountancy and Clerical Staff...	...	...	...	...	...	...	...	...	104

MATERNITY AND CHILD WELFARE

Administrative Medical Officer of Health	...	...	...	...	...	...	...	...	1
Deputy Administrative Medical Officer of Health	...	...	...	...	...	...	...	...	1
Medical Superintendant for Nurseries and Deprived Children	...	...	...	...	...	...	...	...	1
Assistant Administrative Medical Officers of Health (in conjunction with other duties)	...	...	...	...	...	...	...	...	2
Assistant Medical Officers for Maternity and Child Welfare (Clinical Medical Officers)	...	...	...	...	...	...	...	...	11

Health Visitors and Associated Staff

Superintendent	...	...	...	...	...	...	...	...	1
Deputy Superintendent	...	...	...	...	...	...	...	...	1
Health Visitor Tutors	...	...	...	...	...	...	...	...	2

						<i>Whole-time</i>	<i>Part-time</i>	
Health Visitors	...	...	...	...	...	118	13	
Health Visitors (Unmarried Mothers)	...	...	...	...	...	1	1	
Health Visitors (Geriatric)	...	...	...	...	...	4	4	
Student Health Visitors	...	...	...	...	...	20	—	
Clinic Nurses...	...	...	...	...	...	2	11	
Dental Nurses	...	...	...	...	...	4	2	
Chiropodists	...	...	...	...	...	—	5	
Physiotherapists	...	...	...	...	...	—	5	
Psychiatrist	...	...	...	...	...	—	1	

Midwives

Supervisors	...	...	...	...	...	...	...	...	3
Midwives (Full-time 128, part-time 22)	...	...	...	...	...	...	...	...	150

Day Nurseries

Senior Supervisor of Day Nurseries	...	...	...	...	...	...	...	...	1
Supervisors of Day Nurseries	...	...	...	...	...	...	...	...	2
Nursery Nurses and other professional staff	...	...	...	...	...	...	...	...	290

Home Nursing Service

Superintendent of Home Nursing Service	...	...	...	...	...	...	...	...	1
Deputy Superintendent of Home Nursing Service	...	...	...	...	...	...	...	...	—
Nursing Staff (Full-time 174, Part-time 37)	...	...	...	...	...	...	...	...	221

Dental

Principal Dental Officer	...	...	...	...	...	...	...	...	1
Senior Dental Officer	...	...	...	...	...	...	...	...	1
Assistant Dental Officers (part-time)	...	...	...	...	...	...	...	...	14
Dental Nurses	...	...	...	...	...	...	...	...	6
Dental Whole-time and part-time Assistants	...	...	...	...	...	...	...	...	4
Dental Hygienist	...	...	...	...	...	...	...	...	1
Dental Auxiliaries	...	...	...	...	...	...	...	...	3

<i>Domestic Help</i>									
Organiser									1
Assistant Organiser									1
District Organisers									9
Domestic Helps (Full-time)									41
Domestic Helps (Part-time)									838
Night Watchers									46
<i>John Foster Vince Memorial Home (Mother and Baby Home)</i>									
Matron									1
Nursing Staff									3
Domestic Staff									6
Clerical Staff									31
<i>Miscellaneous Staff</i>									
Non-manual (Full and Part-time)									85
Manual									330
MENTAL HEALTH									
Administrative Medical Officer (part of duties of Deputy M.O.H.)									1
Chief Assistant									1
Deputy Chief Assistant									1
Divisional Mental Welfare Officers									4
Senior Mental Welfare Officers									9
Mental Welfare Officers									13
Trainee Mental Welfare Officers									2
Psychologist									1
Shorthand-typists									3
Clerical Staff									4
<i>Family Care Section</i>									
Senior Caseworker									—
Caseworker									1
Assistant Caseworkers									8
Welfare Assistant... ..									—
Shorthand-typist									2
Clerk									—
<i>Parent Guidance Clinic</i>									
Senior Psychiatric Social Worker									1
Social Workers									2
Shorthand-typist									1
<i>Hostels for Discharged Psychiatric Patients</i>									
Wardens									2
Assistant Warden and Cook									1
Cook									1
Manual Staff									5
<i>Senior Boys' Training Centre</i>									
Senior Warden									1
Warden									1
Deputy Wardens									2
Senior Supervisors									4
Senior Instructor									—
Assistant Supervisors									16
Instructors									6
Trainee Assistant Supervisors									—
Clerical Staff									2
Manual Staff (Part-time)									21

GENERAL PURPOSES

Administrative Medical Officer of Health	...	...	...	...	...	...	...	...	1
Deputy Administrative Medical Officer of Health (in conjunction with other duties)	...	...	...	...	...	...	...	...	—
Clerical Staff	...	...	...	...	...	...	...	...	2

Health Education

Deputy Administrative Medical Officer of Health for General Purposes (in conjunction with other duties)	...	...	...	...	...	...	...	...	—
Organiser	...	...	...	...	...	...	...	...	1
Assistant Organiser and Artists	...	...	...	...	...	...	...	...	2

Immunisation

Deputy Administrative Medical Officer of Health for General Purposes (in conjunction with other duties)	...	...	...	...	...	...	...	...	—
Medical Officer for B.C.G. Vaccination	...	...	...	...	...	...	...	...	1
Nurse Administrator of the Immunisation Section	...	...	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	...	...	2
Medical and Nursing Staff (part-time)	...	...	...	...	...	...	...	...	9
Clerical Staff	...	...	...	...	...	...	...	...	20
Temporary Clerical Staff (full and part-time)	...	...	...	...	...	...	...	...	12

TUBERCULOSIS

(Prevention and After-Care)

Medical Director (part-time)	...	...	...	...	...	...	...	...	1
Medical Officers (part-time)	...	...	...	...	...	...	...	...	11
Tuberculosis Visitors	...	...	...	...	...	...	...	...	7
Clerical Staff	...	...	...	...	...	...	...	...	5

STAFF WELFARE SURGERIES

Medical Officer for Staff Welfare	...	...	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	...	...	2

VETERINARY OFFICERS AND FOOD INSPECTORS

Chief Veterinary Officer	...	...	...	...	...	...	...	...	1
Deputy Chief Veterinary Officer	...	...	...	...	...	...	...	...	1
Veterinary Officers	...	...	...	...	...	...	...	...	2
District Food Inspectors	...	...	...	...	...	...	...	...	10
Food Inspectors	...	...	...	...	...	...	...	...	3
Authorised Meat Inspectors	...	...	...	...	...	...	...	...	10
Trainee Meat Inspectors	...	...	...	...	...	...	...	...	7
Clerical Staff	...	...	...	...	...	...	...	...	5
Miscellaneous Manual Staff	...	...	...	...	...	...	...	...	4

PUBLIC HEALTH INSPECTORS

Chief Public Health Inspector	...	...	...	...	...	...	...	...	1
Deputy Chief Public Health Inspector	...	...	...	...	...	...	...	...	1
Divisional Public Health Inspectors	...	...	...	...	...	...	...	...	2
Senior Rodent Officer	...	...	...	...	...	...	...	...	1
Senior Shops Act Inspector	...	...	...	...	...	...	...	...	1
Enforcement Officer	...	...	...	...	...	...	...	...	1
Inspectorial Staff	...	...	...	...	...	...	...	...	59
Assistants	...	...	...	...	...	...	...	...	8
Pupil Public Health Inspectors	...	...	...	...	...	...	...	...	40
Food and Drugs Sampling Officers	...	...	...	...	...	...	...	...	4
Clerical Staff	...	...	...	...	...	...	...	...	24
Miscellaneous Manual Staff	...	...	...	...	...	...	...	...	25

HOUSING INSPECTORS

Chief Housing Inspector	...	...	...	...	...	...	...	...	1
Deputy Chief Housing Inspector	...	...	...	...	...	...	...	...	1
Divisional Housing Inspectors	...	...	...	...	...	...	...	...	2
Inspectorial Staff	...	...	...	...	...	...	...	...	11
Assistants	...	...	...	...	...	...	...	...	3
Draughtsmen	...	...	...	...	...	...	...	...	3
Clerical Staff	...	...	...	...	...	...	...	...	13

SMOKE INSPECTORS

Chief Smoke Inspector	...	...	...	...	...	...	...	...	1
Deputy Chief Smoke Inspector	...	...	...	...	...	...	...	...	1
Inspectorial Staff	...	...	...	...	...	...	...	...	6
Smoke Control Area Advisers	...	...	...	...	...	...	...	...	20
Clerical Staff	...	...	...	...	...	...	...	...	24

MILK AND DAIRIES INSPECTORS

Senior Milk and Dairies Inspector	...	...	...	...	...	...	...	...	1
Inspectors	...	...	...	...	...	...	...	...	2
Milk Samplers	...	...	...	...	...	...	...	...	2

ANALYTICAL LABORATORY

City Analyst	...	...	...	...	...	...	...	...	1
Deputy City Analyst	...	...	...	...	...	...	...	...	—
Research Chemist	...	...	...	...	...	...	...	...	1
Laboratory Staff	11
Clerical Staff	2

WORKS DEPARTMENT

Building Superintendent	1
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MISCELLANEOUS STAFF

Manual Workers (Laundry Workers, Drivers, Storemen, Cleaners, etc.)	102
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PUBLIC HEALTH DEPARTMENT,
TRAFALGAR HOUSE,
PARADISE STREET,
BIRMINGHAM, 1.
November, 1966.

*To the Chairman and Members,
Health Committee.*

In preparing a report of this kind it is of value to compare the year under review with the years that have gone before. Applying this exercise to 1965 is particularly rewarding as certain trends have become clear. The birth rate, which had risen steadily for ten years, showed a slight fall in 1965 which would seem to indicate that we now have ahead either a plateau of high rates or a gradual decline in rate. This in turn allowed another trend to show itself markedly – the increasing proportion of births taking place in hospital, which the system of early discharge to the care of the general practitioner and domiciliary midwife is fostering. It is most unlikely that we shall ever afford the manpower or money to make the medical and social services adequate, but what we can always do is to use our available resources to the very best advantage. Early discharge does exactly this and I look forward to the time when all expectant mothers who desire a hospital confinement on this basis can be assured that this can be arranged. For success to be achieved it is essential that all local health authorities, whose areas a hospital system serves, shall make equally strenuous efforts to cater for patients discharged early.

Two sinister trends in mortality can clearly be discerned. The one, cancer of the lung, produced a near record of 650 deaths in Birmingham, 59 more than in 1964. While men are mostly affected, women are becoming increasingly so, there being 88 female deaths in 1965, 10 more than in 1964. Coronary artery disease has also markedly increased as a cause of death as the figures on page 23 show. What is particularly disturbing about both diseases is the high proportion of victims who are still in the prime of life and when family responsibilities are usually quite heavy.

At the time of writing Birmingham has been free of poliomyelitis for four years, a great triumph for the poliomyelitis vaccination programme. There has, however, been a recent death from diphtheria in a partially immunised seven years old boy, the first case since 1962. Once again I feel compelled to point out the grave neglect on the part of parents in this matter of diphtheria immunisation for their infants. Primary immunisation should begin at the age of six months and be complete well before the first birthday. The following figures show, however, that, whereas six years ago some three thousand children born each year were not being immunised, by the end of 1965 this grave deficiency had risen to between six and seven thousand. Furthermore only about half the children were receiving reinforcing injections at four to five years of age to give them full protection.

DIPHTHERIA IMMUNISATION

YEAR	1960	1961*	1962	1963	1964	1965
Live Births.	20,777	21,594	21,959	22,329	22,386	21,555
Primary Diphtheria Immunisations	17,790	21,863	16,862	17,803	15,227	15,043
Primary delayed until near or after school entry	2,666	4,062	3,535	2,021	526	998
Reinforcing Doses at or after school entry	11,270	12,869	9,924	9,401	6,790	12,185
Live Births five years previously	17,773 (1955)	18,478 (1956)	18,906 (1957)	18,911 (1958)	19,062 (1959)	20,777 (1960)

*One death and one other case this year.

In the case of tuberculosis, although the incidence has almost been halved in the past ten years and the 673 notifications in 1965 achieved a low record, the fact that 265 of the new cases were born outside the British Isles is a reflection upon the serious inadequacy of the arrangements for screening of immigrants. Such a procedure is specially important to those coming from countries where tuberculosis is rife and who, on arrival here, reside in crowded dwellings in circumstances where the disease readily spreads.

In the last 25 years the public has grown very much more health conscious and it is most gratifying to find virtually no opposition to large areas of the City coming under smoke control. Such opposition as there is commonly arises from technical difficulties inherent in eliminating the emanation of fumes from factories.

Yet intestinal bacterial illnesses have not declined in the past ten years, in spite of sources of infection of bulk food supplies being identified and to some extent eliminated, there being a great increase in use of commercial and domestic refrigerators and the efforts in health education. In food shops, even in the city centre, I have personally witnessed several saleswomen licking a thumb in order to facilitate the picking up of a sheet of wrapping paper. The occurrence of this revolting practice, performed before the very eyes of customers, causes one to wonder what other unsavoury habits are performed out of sight. Frequent changes of staff greatly increases the problems of management in giving adequate instruction to new employees.

For some years now one has been able to regard the hygienic quality of the City's milk supply as satisfactory. There has, however, recently been a setback with the introduction of cold milk dispensing machines, 25 per cent. of samples from which were unsatisfactory due to lack of care in thoroughly cleaning the machines. Here again the root cause was the problem of training a rapidly changing staff.

This report reveals numerous circumstances all pointing to the need for concentration by the Health Department on promoting food hygiene.

Probably the City's greatest achievement having a bearing on health and happiness was the production of 5,425 new dwellings in 1965. This exceeded the output during 1964 by 31 per cent. and allowed the destruction of large and small areas of revolting slums so dangerous and degrading to their occupants. Coupled with this is the steady demand for the grant aided provision of modern amenities in older houses, the better control of houses let-in-lodgings and the general betterment of the City in general. It is tragic to recognise that even more could be provided if it were not for the fact that the standards attainable are limited by the attention which vandals give to public property of all kinds, not least the facilities for hand-washing in public toilets. Nevertheless one feels proud to be associated with the improvement of Birmingham, both in those items of a visible nature and in those innumerable items of service to individual citizens, some of which this report describes.

E. L. M. MILLAR,
Medical Officer of Health.

BIRMINGHAM

The rejuvenation of Birmingham mentioned in previous Annual Reports continues. Considerable areas of the sub-standard dwelling house property in the redevelopment areas immediately adjacent to the City centre have been cleared and are now replaced by new dwellings — houses, maisonettes and flats — under the local authority schemes. Large scale private development, again near the City centre, is taking place in Edgbaston. The skyline of the City, which changes from year to year, is a ready reminder of the rapid development which has, and is still, taking place.

Birmingham, often termed “The Workshop of the World,” is a centre of industry and progressive local government. The motorways at present in use, under construction or planned will provide the City with modern access routes. Birmingham will eventually be the hub of the motorways bringing within ready access London, Liverpool, Manchester, Bristol and many coastal resorts.

The 1961 Census recorded the population of the City as 1,107,187 and the estimated population for the year under review was 1,102,660. Since 1st April, 1964, when the Solihull Order 1963, came into operation the area of the City has been 51,133 acres — 79.89 square miles.

The highest point of the City (roadway) is at Quinton on the western boundary — 736 ft. and the lowest point is on the eastern boundary at Chester Road — 267 ft. above sea level. The Cathedral gardens in the city centre are 459 ft. above sea level.

CLIMATOLOGY

Mr. A. L. Kelley, Director of the Meteorological Observatory at Edgbaston (University of Birmingham) has kindly provided the following details of the weather during 1965.

The year opened with a record sunshine total for the first 15 days of January but the promise was not maintained although the closing days of December produced another sunshine record.

The Winter period ending in February was cooler, drier and sunnier than normal whilst Spring was near average except for an excess of rain in March and April and the very high range of temperature in March.

The Summer was cooler, wetter and duller than usual due mainly to a poor July. Although October was exceptionally dry and warm, a very wet and dull September and a very cold November spoilt the harvest period.

The winter period commenced with a very wet December but in the closing days the year ended as it began, on a sunny note.

Temperature

The mean for the year was 48.2 F., (9 C.), which is 0.6 F. below the normal. The extreme shade maximum, 78 F., (25.6 C.), was recorded on

the 14th May, whilst the extreme shade minimum, 19 F., (-7.2 C.), and the extreme grass minimum, 3 F., (-16 C.), were both recorded on the 3rd March. The highest shade maximum for March, 72 F., was a record for that month. On the 24th November the shade temperature remained below the freezing point all day which is also a record for that month.

July, September and November were months with mean temperatures appreciably below normal whilst October was the only one with a 2° excess.

Rainfall

The total 34.825 inches was 6.177 inches above average. March and July had excesses in the region of one inch whilst September and December had excesses of over 3 inches. February and October were exceptionally dry with deficiencies of 1.6 and 1.8 inches respectively whilst August had a loss of 1.2 inches. September 8th was the wettest day of the year with 1.87 inches which was also a record for a September. The total for December was the highest on record for that month and 1965 was the first year to have two months with totals of over 6 inches. There were 194 rain days compared with an average of 178.

Sunshine

With 1265.1 hours the year's total was 34.4 hours below normal. January began the year with an excess of 26 hours but a very dull February followed with a loss of 35 hours much of which was recovered by March.

There was a loss of 62 hours in July and 24 hours in September but August, November and December all had appreciable excesses. The sunniest day was the 31st July with 14.2 hours. The 6.8 hours measured on the 26th December was the highest on record for that particular day and the total for December was the second highest on record.

Winds

There was a rather high incidence of winds from between N.N.W. and N.N.E., particularly in January and February whilst Northeasterly winds were above normal in July, October and November but were conspicuous by their absence in December. The Mean hourly speed was appreciably above average in November and December but for the year as a whole it was normal at 9.9 m.p.h.

The highest gust recorded was 64 m.p.h. on the 16th January. No gales were registered.

Miscellaneous

Snow or sleet was noted on 41 days and snow covered the ground at 9 a.m. on 24 days.

Thunder occurred on 16 days, (6 in July), but fog was present at 9 a.m. on only 16 days and it was rarely dense in the City area and was unusually absent in December.

Hail was noted on 18 days.

MONTHLY DETAILS OF VARIOUS WEATHER DATA FOR THE
YEAR 1965 COMPARED WITH 75 YEAR AVERAGES

<i>Month</i>	<i>Temperature Shade Deg. F.</i>				<i>Number of Frosts</i>		<i>Rainfall (Inches)</i>			
	<i>Mean 1965</i>	<i>Mean 75 Years</i>	<i>Highest</i>	<i>Lowest</i>	<i>Air</i>	<i>Ground</i>	<i>Totals 1965</i>	<i>Averages 75 Years</i>	<i>Days 0.01 or more</i>	<i>with 0.04 or more</i>
1965										
Jan.	38.1	38.3	52	26	11	18	2.875	2.53	17	15
Feb.	37.4	38.9	48	26	8	12	0.32	1.91	8	3
Mar.	41.9	41.9	72	19	8	13	3.015	1.96	17	13
Apr.	46.8	46.5	67	32	1	8	2.035	2.02	17	12
May	53.0	52.3	78	37	0	0	2.01	2.27	18	14
Jun.	58.3	57.6	74	42	0	0	2.71	2.06	13	8
Jul.	56.8	60.7	70	43	0	0	3.84	2.57	17	17
Aug.	59.3	60.1	76	48	0	0	1.58	2.8	15	7
Sep.	54.2	56.2	68	42	0	0	6.05	2.22	20	13
Oct.	51.8	49.7	71	39	0	0	0.87	2.7	8	4
Nov.	40.1	43.3	57	25	8	16	2.99	2.79	21	15
Dec.	40.4	39.8	56	24	4	13	6.53	2.81	23	17
YEAR	48.2	48.8	78	19	40	80	34.825	28.65	194	138

<i>Month</i>	<i>Sunshine (Hours)</i>			<i>Number of days with</i>			
	<i>Total Hours 1965</i>	<i>Mean 75 Years</i>	<i>Sunless days</i>	<i>Snow or Sleet</i>	<i>Snow lying at 0900 hrs.</i>	<i>Thunder</i>	<i>Fog 0900 hrs. *</i>
Jan.	69.1	43.6	10	11	2	0	2
Feb.	23.1	57.6	17	8	2	0	2
Mar.	125.7	95.4	7	6	9	1	1
Apr.	121.0	132.9	2	2	1	1	1
May	151.1	171.5	0	0	0	2	0
Jun.	182.8	178.9	2	0	0	0	0
Jul.	105.1	166.3	3	0	0	6	0
Aug.	180.2	157.1	1	0	0	3	0
Sep.	98.2	122.12	6	0	0	1	0
Oct.	83.3	86.4	6	0	0	0	8
Nov.	66.1	49.3	13	9	3	2	4
Dec.	59.4	38.3	9	5	1	0	0
YEAR	1265.1	1299.5	76	41	25	16	18

*Note.
Visibility
less than
1,100 yards
at 0900 hrs.

WINDS

NUMBER OF HOURS DURING WHICH WINDS BLEW FROM 8 MAIN
COMPASS POINTS

<i>Month</i>	N	NE	E	SE	S	SW	W	NW	<i>Calm</i>	<i>Mean hourly m.p.h.</i>
Jan.	63	104	13	21	80	180	166	117	0	11.3
Feb.	188	93	38	12	3	25	59	253	1	9.9
Mar.	55	83	94	167	94	145	58	48	0	9.4
Apr.	75	41	42	21	73	134	174	160	0	9.5
May	81	27	31	97	153	162	91	102	0	9.1
Jun.	54	66	17	37	172	214	72	88	0	8.5
Jul.	44	105	24	53	53	207	142	116	0	8.2
Aug.	20	14	44	82	93	234	131	126	0	9.1
Sep.	37	24	13	66	135	196	93	153	3	9.7
Oct.	16	128	153	153	127	97	18	52	0	9.1
Nov.	25	210	90	64	45	60	75	151	0	12.2
Dec.	14	13	1	58	111	292	126	129	0	12.5
YEAR 1965	672	908	560	831	1,139	1,946	1,205	1,495	4	9.9
Mean 35 Yrs.	617	911	647	812	1,484	1,785	1,214	1,220	68	9.7

VITAL STATISTICS

Area: 51,133 acres i.e. approximately 80 square miles. The City was reduced by a very small amount when the Solihull Order, 1963, came into force on 1st April, 1964 which was the first alteration in the City Boundary since 1934.

Population: Census 1961 1,107,187
 Males .. 544,624 Females .. 562,563

	}	1962	1,115,080
Home population estimated by the Registrar		1963	1,115,630
General as at 30th June (Civilians plus H.M.		1964	1,106,040
Forces stationed in the Area)		1965	1,102,660

The current estimate of 1,102,660 shows the population has decreased by 3,380, the comparative figure for the previous year being 9,590. These population estimates must always be affected by the natural increase or decrease and in 1965 the excess of births over deaths was 9,332, a reduction of 1,237 from that of 1964. The birth rate has fallen from 20·2 to 19·55 while the death rate has risen from 10·7 to 11·1.

While no figures are available for migration it does seem that the estimated reduced population has been affected by an outward movement of special age groups.

Live Births

		1961	1962	1963	1964	1965
	Number					
(a)	Born in the City ...	21,265	21,959	21,708	22,033	21,185
(b)	Born outside the City	329	308	621	353	370
		<u>21,594</u>	<u>22,267</u>	<u>22,329</u>	<u>22,386</u>	<u>21,555</u>

LIVE BIRTH RATE. 19·55 per 1,000 population.

Since 1955 the birth rate has risen each year to reach 20·23 in 1964.

Illegitimate Live Births: these numbered 2,233 and this is 10·3 per cent. of the total live births. The following percentages are locally recorded illegitimate live babies compared with total live births.

1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
5·3%	6·2%	6·4%	6·5%	6·8%	7·7%	8·9%	10·2%	10·4%	10·5%	10·3%

The number of illegitimate live births recorded in the City varies from the figures supplied by the Registrar General. From this source the percentage of illegitimate live births is 10·9 per cent. of the total live births. This is usually explained by the birth of illegitimate children occurring outside the City and attributed to Birmingham women.

Stillbirths

There were 378 and of these 228 (60·3 per cent.) were premature births which was a lower proportion than last year.

STILLBIRTH RATE per 1,000 total (live and still) births 17·23.

This rate is yet lower than that of last year, making this one the lowest on record in the City.

Year	...	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Rate	...	22·9	21·5	22·0	22·1	19·9	20·15	19·0	18·9	17·47	17·23

Total Births live and still 21,933.

INFANT MORTALITY RATE

Infant deaths under one year of age:—

Legitimate	408	} 475
Illegitimate	67	

Total infant deaths were 475, 5 less than in 1964, giving a rate of 22·03 per 1,000 live births.

1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
24·6	24·6	25·05	25·4	22·6	23·8	22·8	23·6	21·4	22·0

The infant mortality rate has shown a small increase compared with the rate for 1964. Whilst similar rates to those of the previous year have resulted for the middle and outer wards, the rate for the central wards has unfortunately risen considerably.

The housing conditions in the central wards are generally poor as they contain the largest proportion of unfit and substandard houses in the City. This situation, together with other adverse environmental factors, probably contributes to the differential mortality rate in these areas and one looks to an improvement in housing standards as a means of reducing this.

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Central Wards...	28	27	28	34	27	31	30	29	24	31
Middle Wards ...	28	27	27	27	22	24	25	26	23	23
Outer Wards ...	22	22	23	22	21	22	18	18	19	18

					1962	1963	1964	1965
Legitimate infant deaths per 1,000								
live births ...	...	...	...	...	21·76	22·19	20·52	21·12
Illegitimate infant deaths per 1,000								
live births ...	...	...	...	...	31·61	35·71	29·26	30·00

Neo-natal Mortality Rate measured as the deaths in the first four weeks of life per 1,000 live births, was 14·66, there being 270 deaths of legitimate babies and 46 of illegitimate, giving a legitimate rate 13·97 and an illegitimate rate of 20·60.

Post Neo-natal Mortality Rate was 7·38 per 1,000 live births, deaths in the first four weeks being excluded. The legitimate rate was 7·14 and the illegitimate rate was 9·40.

Early Neo-natal Mortality Rate was 12·53 per 1,000 live births. There were altogether 270 deaths under seven days old of which 228 were of legitimate babies and the remainder illegitimate, giving rates of 11·80 and 18·81 respectively.

INFANT MORTALITY IN 1965

<i>Cause of Death</i>	<i>Early Neo- Natal</i>	<i>7-28 Days</i>	<i>Total Neo- Natal</i>	<i>Post Neo- Natal</i>	<i>Total Infant Deaths</i>
Measles	—	—	—	—	—
Whooping Cough	—	—	—	3	3
Tuberculous Disease	—	—	—	1	1
Syphilis	1	—	1	—	1
Cerebro-spinal Fever	—	—	—	1	1
Meningitis (not tuberculous)	—	1	1	2	3
Bronchitis	—	—	—	24	24
Pneumonia (all forms)	4	7	11	32	43
Gastritis	—	—	—	—	—
Diarrhoea and Enteritis	—	2	2	33	35
Congenital Malformations	53	17	70	32	102
Premature Births	142	6	148	2	150
Atrophy, Debility and Maras- mus	2	1	3	—	3
Atelectasis	9	—	9	—	9
Injury at Birth	46	3	49	—	49
Otitis Media	—	—	—	2	2
Other causes	15	7	22	27	49
TOTALS	272	44	316	159	475

Perinatal Mortality Rate. Stillbirths plus deaths during the first week per 1,000 live and still births was 29·63. There were 650 deaths.

	<i>1960</i>	<i>1961</i>	<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>
Rate	34·0	34·4	32·7	31·6	29·8	29·6

Maternal Mortality (including two abortions)

NUMBER OF DEATHS 8.

RATES per 1,000 live and still births:

including abortions 0·37; excluding abortions 0·27.

MATERNAL DEATHS (excluding abortions):

1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
9	9	6	6	10	4	6	3	8	6

Death Rate from all causes was 11·09 per 1,000 population, the total number of deaths reaching 12,223. The Death rate was higher than that of 1964 which was 10·68 and the number of deaths rose by 406. The winter of 1964 – 1965 was in no way a severe one with the result that the number of deaths did not reach high figures in any week of the first quarter of the year.

The table below shows the diseases which are the principal causes of death, especially among the elderly, and accounted for 87·4 per cent. of all deaths. Whilst deaths caused by heart diseases, cancer and cerebral haemorrhage show an increase over the previous year's figures, cancer particularly stands out as showing a significant increase. In no previous year have so many deaths from this cause been recorded in Birmingham.

In 1965 deaths of infants under one year accounted for 4 per cent. of all deaths and deaths of those 65 and over for 64 per cent. These proportions remained the same as the year before.

	<i>Heart disease</i>	<i>Cancer</i>	<i>Cerebral haemorrhage</i>	<i>Pneumonia Bronchitis Influenza</i>	<i>Arterio- sclerosis and Circulatory disease</i>	<i>Senility</i>	<i>Violence and Suicide</i>
1956	3,322	2,315	1,628	1,402	463	592	544
1957	3,452	2,428	1,565	1,509	677	377	554
1958	3,584	2,309	1,763	1,422	465	145	545
1959	3,717	2,372	1,687	1,979	508	119	543
1960	3,708	2,260	1,694	1,411	488	155	611
1961	3,913	2,303	1,678	1,914	500	147	581
1962	3,787	2,323	1,697	1,771	490	125	565
1963	3,737	2,390	1,783	1,661	564	147	647
1964	3,442	2,297	1,640	1,451	616	131	614
1965	3,661	2,460	1,781	1,499	598	93	592
% of all deaths in 1965	30·0	20·1	14·6	12·3	4·9	0·8	4·8
% increase over previous year	6·3	7·1	8·6	3·3	—	—	—

Coronary Disease, Angina

A disquieting feature revealed by an examination of the records of deaths is the very large and rapidly increasing numbers caused by disease of the arteries of the heart. This is not a phenomenon peculiar to Birmingham. Smoking is certainly partly to blame and strong suspicion has also fallen upon lack of exercise and upon fat and sugar as dietary constituents. Many victims were apparently in their prime of life. The following table shows the rapid rise of deaths in both sexes, males being much more often the victims than females.

1961	M	1,163	1,871
	F	708	
1962	M	1,214	2,009
	F	795	
1963	M	1,348	2,167
	F	819	
1964	M	1,319	2,130
	F	811	
1965	M	1,413	2,275
	F	862	
TOTAL			10,452

Area Comparability Factors

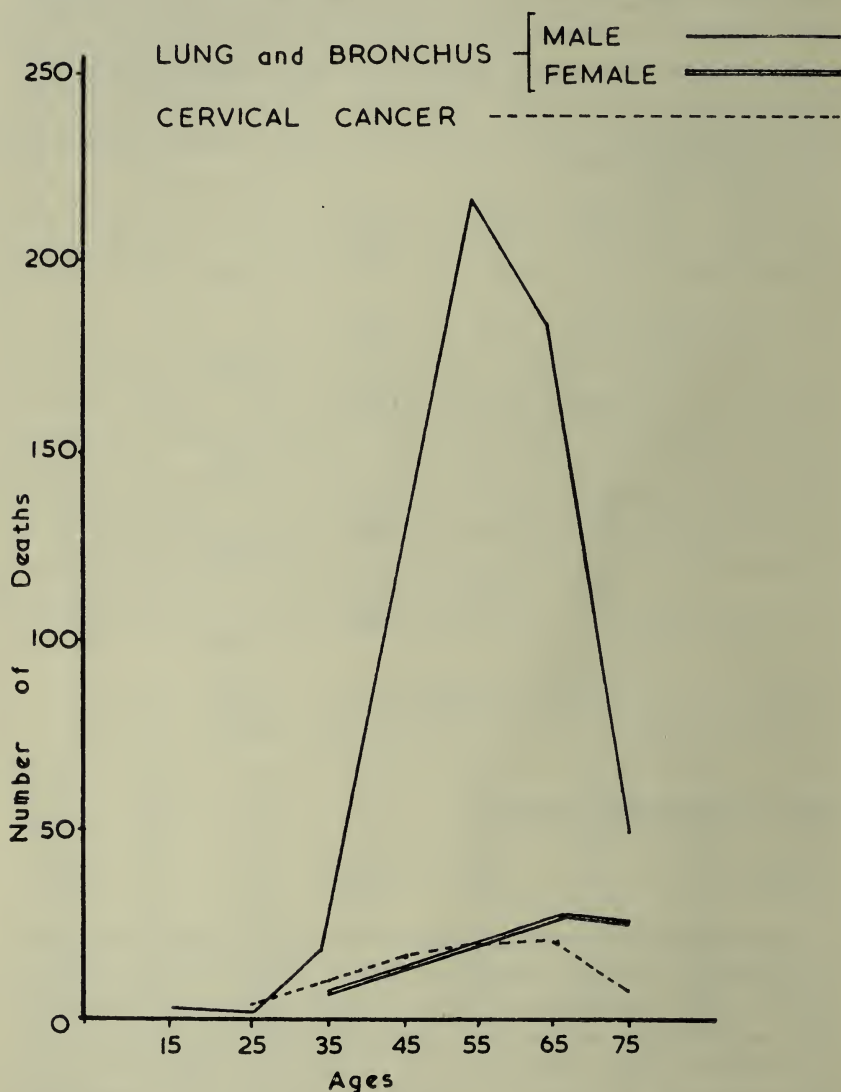
Births 0·99 Deaths 1·10

Crude birth and death rates are not satisfactory rates in themselves for comparative purposes because each area varies in the age and sex structure of its population. In order to make comparisons of birth and death rates between one area and another the device known as the Area Comparability Factor, which eliminates the age and sex differences of the local populations, is applied by multiplying the local crude rate by the factor. The Adjusted Birth Rate was 19·33 and the Adjusted Death Rate was 12·17 per 1,000 population.

CANCER

Deaths from cancer totalled 2,460, 163 more than in 1964, giving a mortality rate of 2·23 compared with 2·08 for the previous year.

DEATHS FROM CANCER OF THE LUNG AND BRONCHUS, AND OF THE CERVIX ACCORDING TO AGE, 1965.



		1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Deaths	...	2,315	2,428	2,309	2,372	2,260	2,303	2,323	2,390	2,297	2,460
Rate	...	2.08	2.20	2.10	2.17	2.07	2.07	2.08	2.14	2.08	2.23

There were 650 deaths, or almost 27 per cent. of the total cancer deaths, resulting from cancer of the lung and bronchus. This was an increase of 59 over the figure for 1964. Again this year as last, more women have succumbed to this cause; in this instance 88 deaths occurred, 10 more

than in 1964. As in the past, more than half the deaths occurred in those under 65 years of age (actually 370), 346 of them being in the age group 45 – 64, while 22 were under 45 years.

Cancer of the digestive organs caused 801 deaths, comprising 418 men and 383 women. The figure for genital organ cancer was 265, 70 of which resulted from cancer of the cervix. From breast cancer there were 227 deaths and 71 were caused by leukaemia, which was a marked increase in the number of deaths from this form, the previous highest being 60 in 1957.

Accidents

There were 461 fatal accidents, 235 being to males and 226 to females, producing 3·8 per cent. of all deaths. The total was 9 more than in 1964 and the figures include fatalities occurring outside the City to Birmingham residents.

There were 197 fatalities from accidents at home and these accounted for 42·7 per cent. of all accidental deaths. One hundred and eighty-five or 93·9 per cent. of the 197 concerned children under five years and adults 65 years and over.

The number of deaths due to road accidents amounted to 193, 156 of them resulting from incidents in Birmingham. Previous years' figures were as follows:—

1959	1960	1961	1962	1963	1964
145	164	183	130	175	191

Accidents occurring on the road and in the course of employment accounted for 88 males and 18 females between the ages of five and 45 years.

Accidents to persons of 65 and over caused 245 deaths, being 53·1 per cent. of all deaths from accidents. This is a marked increase over the number of similar deaths last year and the figures set out in the table below show the high proportion of the elderly among those who died from falls, or by being struck by motor vehicles whilst walking, or by coal gas.

<i>Type of Accident</i>	(a) <i>Total Deaths</i>	(b) <i>No. in column (a) 65 years and over</i>	(c) <i>(b) as % of (a)</i>
Falls on the same level... ..	140	132	94·3
Falls downstairs	16	14	87·5
Pedestrians killed by motor vehicles	103	38	36·9
Other road accidents	90	12	13·3
Coal gas poisoning	35	30	85·7
Burns & electricity	26	6	23·1
Other accidents	51	13	25·5

Column (b) shows falls on the same level to be the greatest cause of fatal accidents among old people, causing 53·9 per cent. of them. Next in importance for old people is being knocked down by motor vehicles, which resulted in 15·5 per cent. of the accidental deaths among them.

	<i>Stillbirth rate</i>	<i>Early neonatal mortality rate</i>	<i>Perinatal mortality rate</i>	<i>4 weeks neo-natal mortality rate</i>	<i>Post neonatal mortality rate</i>	<i>Total infant mortality rate</i>
1965		11.80 } 18.81 } 12.53 }	29.63	13.97 } 20.60 } 14.66 }	7.14 } 9.40 } 7.38 }	21.12 } 30.00 } 142.04%
1964		11.88 } 18.24 } 12.60 }	29.80	13.78 } 20.36 } 14.47 }	6.74 } 8.90 } 6.97 }	20.52 } 29.26 } 142.6%
1963		12.30 } 18.93 } 12.99 }	31.64	14.45 } 22.38 } 15.27 }	7.75 } 13.34 } 8.33 }	22.19 } 35.71 } 159.1%
1962		13.36 } 19.32 } 13.97 }	32.73	15.51 } 21.51 } 16.12 }	6.25 } 10.10 } 6.65 }	21.76 } 31.61 } 145.3%
1961		14.3 } 17.1 } 14.6 }	34.4	16.4 } 18.7 } 16.8 }	7.1 } 9.3 } 7.3 }	23.4 } 28.0 } 119.7%
1960		14.0 } 19.4 } 14.4 }	34.0	15.4 } 23.2 } 16.0 }	4.8 } 6.9 } 6.6 }	21.9 } 30.1 } 137.2%
1959		14.8 } 28.9 } 15.7 }	36.6	17.0 } 31.1 } 18.0 }	7.1 } 11.4 } 7.4 }	24.1 } 42.5 } 176.3%
1958		15.2 } 23.3 } 16.0 }	37.8	17.4 } 25.6 } 17.9 }	6.7 } 13.6 } 7.1 }	24.1 } 39.3 } 163.2%
1957		15.3 } 22.3 } 15.8 }	36.95	17.2 } 24.8 } 17.7 }	6.8 } 9.1 } 7.0 }	24.0 } 33.8 } 140.8%

Where possible rates for illegitimate babies are expressed as a percentage of those for legitimate babies.

CRUDE RATES

Year	BIRTH RATE		STILLBIRTH RATE		INFANT MORTALITY RATE		DEATH RATE	
	B'ham	England & Wales	B'ham	England & Wales	B'ham	England & Wales	B'ham	England & Wales
1901	31·4	27·2 <i>is mean for 1901—1910</i>			176	151	17·5	16·9
1911	26·1	24·4			150	130	15·0	14·6
1921	24·1	22·4	35·0		83	83	11·3	12·1
1931	16·9	15·8	39·	41	71	66	11·7	12·3
1936	15·8	14·8	35	40	62	59	11·3	12·1
1941	16·8	13·9	29	35	69	60	13·2	13·5
1942	19·3	15·6	28	33	56	51	11·8	12·3
1943	20·9	16·2	27	30	55	49	12·1	13·0
1944	22·8	17·7	25	28	42	45	11·3	12·7
1945	20·2	15·9	24·8	28	49	46·0	11·2	12·6
1946	22·5	19·2	25·6	27	40	42·8	11·3	12·0
1947	22·2	20·5	23·8	24	41	41·3	11·1	12·3
1948	19·5	17·9	21·8	23	32	33·9	9·8	11·0
1949	18·1	16·9	21·7	23	31	32·3	10·7	11·8
1950	16·8	15·8	23·2	23	30	29·6	10·9	11·2
1951	16·5	15·5	22·2	23	30	29·6	11·4	12·5
1952	16·4	15·3	19·6	23	26·8	27·6	10·2	11·3
1953	16·6	15·5	23·5	22	26·1	26·8	10·6	11·4
1954	16·4	15·2	21·6	24	24·2	25·4	10·6	11·3
1955	16·0	15·0	23·0	23	23·7	24·9	11·3	11·7
1956	16·6	15·6	22·9	23	24·6	23·7	10·9	11·7
1957	17·1	16·1	21·5	22	24·6	23·1	11·2	11·5
1958	17·6	16·4	22·0	22	25·0	22·5	11·0	11·7
1959	17·7	16·5	21·1	21	25·4	22·2	11·6	11·6
1960	19·0	17·0	19·9	20	22·6	21·8	11·0	11·5
1961	19·5	17·6	20·1	19	23·8	21·4	11·4	12·0
1962	20·0	18·0	19·0	18	22·8	21·7	11·1	11·9
1963	20·0	18·2	18·9	17	23·6	21·1	11·3	12·2
1964	20·2	18·4	17·5	16	21·4	19·9	10·7	11·3
1965	19·6	18·0	17·2	16	22·0	19	11·1	11·5

YEAR	Population of each year Estimated to middle	Area Comparability Factors		INFANT DEATH RATES PER 1,000 LIVE BIRTHS										DEATH RATES PER 1,000 OF POPULATION FROM—									
		Births	Deaths	Infant Mortality	Early Neonatal (first week)	Neonatal (first month)	Post-neonatal (1—12 months)	Congenital Debitity (under 1 year)	Diarrhoea and Enteritis (under 2 yrs)	Stillbirths	Perinatal †	Maternal (including abortions)	Influenza	Respiratory	Tuberculosis	Cancer	Diseases of Nervous System	Diseases of Circulatory System	Diseases of Respiratory System	Diseases of Digestive System	Diseases of Genito-Urinary System	Suicides	Other Violence
1926	961,222	18.7	11.3	73	20.0	31.1	41.5	32.2	11.2	31.6	51.0	3.99	27	.94	12	1.26	1.07	2.12	1.88	.73	.40	.12	.32
1927	969,752	17.6	11.8	75	23.6	33.3	42.0	35.1	11.5	29.3	52.2	3.40	.41	.86	.17	1.35	0.85	2.28	1.89	.70	.41	.15	.36
1928	976,500	17.6	10.9	65	21.2	31.5	37.4	31.6	9.3	33.4	53.8	3.78	.13	.89	.13	1.36	0.94	2.41	1.56	.67	.40	.16	.40
1929	981,000	17.1	13.5	79	23.9	32.3	46.5	35.4	3.9	33.9	57.0	3.85	1.09	.94	.15	1.43	0.98	2.76	2.26	.76	.53	.16	.42
1930	982,000	17.7	10.8	60	20.8	28.7	31.4	30.6	7.6	38.0	58.0	3.25	.13	.90	.13	1.34	0.88	2.57	1.32	.60	.44	.15	.40
1931	1,011,300	17.8	11.6	70	21.9	31.4	39.8	33.0	10.7	33.2	54.4	3.65	.41	.91	.13	1.35	0.95	2.43	1.78	.69	.45	.15	.38
1932	1,017,500	16.3	11.3	67	25.3	32.2	39.2	34.6	8.7	39.3	63.6	3.66	.27	.92	.14	1.46	0.87	2.90	1.61	.62	.45	.15	.38
1933	1,023,500	14.7	11.0	66	22.6	32.7	34.7	33.6	7.7	35.0	59.0	3.60	.36	.88	.11	1.45	0.87	2.73	1.47	.59	.45	.19	.35
1934	1,028,000	15.4	11.0	68	25.8	32.6	35.1	35.0	8.7	37.8	59.5	3.57	.44	.85	.11	1.43	0.76	2.94	1.32	.61	.40	.17	.39
1935	1,033,000	15.3	10.9	64	24.9	33.4	30.9	36.3	7.7	35.7	67.6	3.68	.18	.71	.08	1.52	0.76	3.04	1.26	.67	.44	.16	.38
1936	1,038,000	15.8	11.3	62	24.1	32.3	35.1	32.8	8.1	36.2	60.0	3.58	.28	.80	.10	1.46	0.69	2.95	1.35	.62	.44	.16	.38
1937	1,043,000	16.3	11.7	60	24.3	31.0	28.9	33.1	5.1	34.6	58.1	2.95	.40	.72	.08	1.62	0.73	3.40	1.18	.56	.45	.15	.39
1938	1,048,000	16.6	10.9	61	21.0	26.7	34.5	28.5	12.5	34.7	41.3	2.71	.15	.70	.08	1.59	0.61	3.45	1.40	.61	.43	.16	.34
1939	1,055,000	16.6	11.4	60	20.7	26.3	32.8	29.1	13.7	36.0	56.0	2.48	.16	.77	.07	1.55	0.67	3.65	1.16	.45	.39	.15	.36
1940	1,020,000	16.9	14.3	70	19.6	28.8	41.2	28.2	12.1	32.2	51.7	2.21	.22	.77	.07	1.61	0.80	3.31	2.21	.55	.46	.14	.42
1941	950,000	16.8	13.2	63	20.5	28.5	34.0	30.3	9.8	34.6	53.0	2.77	.21	.73	.07	1.59	0.80	3.45	1.43	.56	.44	.14	.38
1942	965,000	19.3	11.8	56	20.2	29.1	39.9	26.4	11.3	29.1	49.0	2.34	.15	.81	.09	1.70	1.30	3.10	1.94	.72	.45	.12	.44
1943	965,000	20.9	12.1	55	17.9	25.7	29.3	25.4	9.8	28.4	48.0	2.34	.10	.77	.07	1.83	1.29	2.87	1.73	.64	.45	.11	.37
1944	980,000	22.8	11.3	42	15.4	22.2	19.8	21.7	6.0	24.5	39.6	1.34	.11	.70	.09	1.75	1.28	3.02	1.40	.43	.11	.31	.31
1945	990,000	19.9	11.9	50	17.0	22.5	26.5	22.3	7.8	24.8	41.3	1.41	.06	.68	.07	1.84	1.33	3.15	1.44	.44	.10	.27	.27
1946	1,017,100	22.5	11.3	40	17.3	22.1	17.9	20.9	6.1	25.6	42.2	0.85	.11	.61	.07	1.90	1.32	3.36	1.37	.44	.10	.34	.34
1947	1,076,230†	22.2	9.5	32	16.3	18.0	13.6	17.8	3.2	21.8	39.1	0.98	.08	.59	.04	1.82	1.34	3.34	1.48	.36	.34	.11	.27
1948	1,096,100†	18.1	10.7	39	15.9	20.9	19.8	20.6	7.1	23.8	37.0	0.50	.03	.54	.05	1.75	1.25	3.67	1.30	.35	.29	.12	.27
1949	1,106,800†	16.8	10.7	31	16.4	19.2	10.9	18.9	2.2	21.0	30.8	0.83	.07	.54	.05	1.88	1.40	3.67	1.30	.35	.28	.12	.30
1950	1,117,800†	16.8	10.8	35	14.5	19.6	15.1	19.3	4.4	23.2	36.0	0.73	.10	.56	.05	1.84	1.23	3.38	1.32	.38	.32	.12	.28
1951	1,110,900†	16.5	11.4	32	15.9	19.2	10.5	18.2	1.6	22.2	37.6	0.75	.26	.33	.03	1.82	1.49	3.79	1.54	.42	.25	.12	.31
1952	1,118,000†	16.4	10.2	31	15.6	17.6	9.2	17.5	1.1	19.6	33.3	0.80	.03	.25	.02	1.90	1.46	3.46	1.29	.39	.22	.11	.31
1953	1,118,500†	16.6	10.6	26	15.1	18.0	8.1	18.0	1.3	23.5	37.9	0.58	.15	.24	.01	2.00	1.51	3.40	1.29	.36	.24	.12	.31
1954	1,117,700†	16.4	10.6	24	13.8	16.8	7.4	16.5	0.8	21.6	35.1	0.80	.03	.20	.01	2.05	1.64	3.44	1.28	.40	.25	.13	.27
1955	1,111,700†	16.0	11.3	24	13.0	16.3	7.4	17.2	0.7	23.0	35.7	0.32	.08	.19	.01	2.06	1.68	3.67	1.28	.39	.20	.12	.36
1956	1,110,800†	16.6	10.8	26	14.7	17.6	8.5	17.5	1.0	22.0	35.3	0.65	.11	.25	.02	1.97	1.56	3.55	1.29	.38	.21	.13	.31
1957	1,103,000†	17.1	11.2	25	15.8	17.7	7.0	18.5	0.3	22.9	37.4	0.63	.03	.14	.01	2.08	1.55	3.46	1.28	.39	.23	.12	.37
1958	1,095,000†	17.6	11.0	25	16.0	17.9	7.1	20.0	0.4	22.0	37.8	0.40	.14	.13	.01	2.20	1.54	3.73	1.31	.37	.23	.14	.36
1959	1,091,500†	17.7	11.6	25	15.8	18.0	7.4	18.0	0.6	21.1	36.6	0.36	.26	.09	.01	2.17	1.68	4.00	1.63	.34	.21	.12	.36
1960	1,083,160†	19.0	11.0	23	14.4	16.0	6.6	17.2	0.7	19.9	34.0	0.52	.03	.07	.01	2.07	1.67	3.90	1.33	.37	.22	.12	.42
1961	1,110,290†	17.6	11.1	25	15.4	17.2	7.0	18.3	0.6	21.4	36.6	0.48	.09	.11	.01	2.13	1.64	3.76	1.33	.38	.21	.13	.40
1962	1,115,080†	20.0	11.2	24	14.6	16.6	7.3	18.0	1.1	20.1	34.4	0.23	.16	.07	.01	2.07	1.63	4.01	1.53	.41	.18	.11	.43
1963	1,115,630†	20.0	11.3	23	14.0	16.1	6.7	16.8	1.2	19.0	32.7	0.48	.06	.07	.01	2.08	1.64	3.89	1.64	.34	.21	.12	.45
1964	1,106,040†	20.2	10.7	22	13.0	15.3	8.3	15.6	1.4	18.9	31.6	0.22	.03	.07	.01	2.14	1.74	3.93	1.52	.34	.24	.11	.45
1965	1,102,660†	19.6	11.1	22	12.6	14.7	7.4	15.1	1.5	17.2	29.6	0.36	.01	.04	.00	2.08	1.61	3.67	1.35	.35	.21	.11	.44
Average		19.8	11.1	23	13.3	15.4	7.3	16.0	1.5	18.6	31.6	0.34	.06	.06	.01	2.12	1.7	3.9	1.5	.35	.21	.11	.43

*Exclusive of General Paralysis †Registrar General's Estimate
 ‡ Up to 1956 was stillbirths plus deaths in first four weeks per 1,000 live and still births. Beginning in 1956 only deaths in first week have been included.

WARDS			BIRTHS			TOTAL DEATHS		INFANT DEATHS	
Estimated Population	Number	Rate per 1,000 Population	Number	Illegitimacy % of live births	Number	Rate per 1,000 Population	Number	Rate per 1,000 live births	
Aston	801	26.3	130	16.2	333	11.0	29	36.2	
Deritend	794	26.5	115	14.5	310	10.3	23	29.0	
Duddesdon	659	22.6	71	10.8	274	9.4	16	21.2	
Ladywood	370	20.3	36	9.7	174	9.6	15	40.5	
Newtown	539	23.0	49	9.1	282	12.1	14	29.7	
Totals and Average of Central Wards	3,163	24.1	401	12.7	1,373	10.5	97	30.7	
All Saints	543	23.1	43	7.9	324	13.8	14	25.8	
Edgbaston	615	25.4	82	13.3	242	10.0	10	16.3	
Gravelly Hill	24,200	22.4	54	14.4	427	14.4	8.1	16.5	
Handsworth	32,600	31.9	177	17.3	372	11.6	32	31.3	
Moseley	1,024	27.0	111	14.1	399	13.7	13	16.5	
Rotton Park	787	29.5	96	12.4	576	21.9	24	31.0	
Saltley	26,300	18.6	61	11.5	327	11.5	16	30.2	
Selly Oak	28,500	16.4	30	6.5	419	14.9	8	17.4	
Small Heath	28,100	26.9	91	11.1	311	10.2	16	19.5	
Soho	1,133	40.5	187	16.5	320	11.4	21	18.5	
Sparkbrook	1,330	29.0	125	14.2	300	9.9	19	21.5	
Sparkhill	883	25.6	101	12.4	371	11.7	25	30.7	
Washwood Heath	814	17.6	47	9.4	349	12.2	9	17.9	
Totals and Average of Middle Ring Wards	9,550	25.8	1,205	12.6	4,737	12.8	218	22.8	
Acocks Green	530	18.1	30	5.7	347	11.6	7	13.2	
Billesley	369	13.6	26	7.0	277	10.2	9	24.4	
Brandwood	391	13.5	15	3.8	313	10.8	11	28.1	
Erdington	29,000	14.9	32	8.4	285	11.2	6	15.7	
Fox Hollies	25,500	13.4	26	7.4	299	11.5	2	5.7	
Hall Green	350	12.6	19	5.2	352	12.0	4	10.9	
Harborne	29,300	15.0	37	9.7	313	12.3	10	26.3	
Kingsstanding	25,400	10.6	25	9.7	301	12.4	3	11.6	
Kings Norton	24,300	16.6	23	4.3	319	9.9	15	27.9	
Longbridge	33,600	14.4	34	7.0	378	11.3	10	20.7	
Longbridge	483	14.4	33	7.4	378	8.4	6	13.5	
Northfield	444	16.2	22	5.1	258	7.1	6	13.9	
Oscott	26,700	14.9	8	2.0	190	8.4	7	17.4	
Perry Barr	26,900	11.4	11	3.9	225	12.9	5	17.5	
Quinton	24,900	21.6	80	12.8	320	11.0	17	27.2	
Sandwell	29,000	10.6	34	9.8	318	8.0	4	11.5	
Shard End	32,700	16.2	28	6.2	261	7.4	7	15.4	
Sheldon	28,000	17.5	38	8.8	208	10.3	7	17.8	
Stechford	25,400	13.7	39	9.4	262	12.0	8	19.2	
Stockland Green	30,400	14.9	39	7.3	366	7.3	11	26.6	
Wesley	36,000	14.6	27	6.6	247	8.8	3	7.3	
Yardley	411	14.7	627	7.1	6,100	10.6	158	17.9	
Totals and Average of Outer Ring Wards	8,842	14.7	627	7.1	6,100	10.6	158	17.9	
Ward of Domicile not known	—	—	—	—	13	—	2	—	
Total and Average Rates for Whole City	1,102,660	19.5	2,233	10.4	12,223	11.1	475	22.0	

CAUSES OF DEATH AT DIFFERENT AGE PERIODS DURING 1965

No.	Cause of Death	Sex	AGES AT DEATH							All Ages	AGES AT DEATH							All Ages																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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1	Typhoid & Paratyphoid Fever...	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

EPIDEMIOLOGY

Brucellosis

One case of brucellosis was notified during the year in a woman aged 59 years, and subsequently confirmed bacteriologically. The exact time of onset and source of infection was not established as the woman concerned had travelled around quite considerably having been in South Africa, Switzerland, North Africa and Egypt. During her stay in Birmingham she had not partaken of any raw milk.

Diphtheria

The year 1965 was again notable for the absence of any cases of diphtheria. The following table shows the incidence in recent years.

<i>Year</i>	<i>Cases</i>	<i>Deaths</i>	
1961	2	1	Never immunised.
1962	1	0	Mild case overdue for
1963	0	0	reinforcing injection.
1964	0	0	
1965	0	0	

IMMUNISATION: see page 48.

Dysentery

During the year 770 notifications of dysentery were made to the Department; 186 by hospitals, 71 by the Public Health Laboratory Service and 513 by general practitioners. Sixty-six of these were subsequently reclassified leaving 704 cases recorded by the Department as clinically confirmed. (In 1964 the Department recorded 758 clinically confirmed cases).

The age and distribution of clinically confirmed cases is shown in the table below. As is usual, children were the most frequent sufferers.

CLINICALLY CONFIRMED CASES BY AGE AND SEX

<i>Age</i>	<i>Under 1</i>	<i>1-2</i>	<i>3-4</i>	<i>5-9</i>	<i>10-14</i>	<i>15-19</i>	<i>20-24</i>	<i>25-34</i>	<i>35-44</i>	<i>45-54</i>	<i>55-64</i>	<i>65-74</i>	<i>75+</i>	<i>Total</i>
Male	36	103	48	56	21	12	12	27	20	9	17	5	—	366
Female	23	73	35	48	15	22	28	38	15	17	13	9	2	338
TOTALS	59	176	83	104	36	34	40	65	35	26	30	14	2	704

The seasonal incidence (with 1964 figures in brackets) was as follows:—

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>
202 (209)	230 (185)	132 (181)	140 (183)

Faecal specimens were examined in 368 cases and in 188 of these dysentery organisms were found.

The distribution of the 188 bacteriologically confirmed cases by species and season was as follows:—

	<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Totals</i>
<i>Shigella sonnei</i>	66	62	26	20	174
<i>Shigella flexneri</i>	10	3	—	1	14
TOTALS	76	65	26	21	188

In the 1964 report we remarked that “*Shigella flexneri* was found almost as commonly as *Shigella sonnei* . . . *Shigella flexneri* now seems to be well established in the City”. In the event, during 1965 the position reverted to that of a few years ago and *Shigella flexneri* was but rarely found.

Two institutional outbreaks were investigated during the year, one at a day nursery and one at a hostel for homeless families.

At a day nursery in February, 1965, fourteen children and three nurses were affected. Ten of the children and two of the nurses gave specimens which were positive for *Shigella sonnei*.

At a hostel for the homeless in July, 1965, six children, members of six different families, were affected. Faecal specimens were obtained from all the members of these families. One only was found to be positive for *Shigella sonnei*.

Encephalitis

(a) INFECTIVE ENCEPHALITIS

Five cases of infective encephalitis (presumably of virus origin), all of whom died, were notified during 1965. Their ages were:—

Males: 2 years, 5 years, 50 years.
Females: 10 months, 66 years.

(b) POST INFECTIOUS ENCEPHALITIS, that is encephalitis associated with an infectious disease, was notified twice during the year. Details of these cases were as follows:—

<i>Sex and Age</i>	<i>Initial infection</i>	<i>Outcome</i>
Female aged 2 years	Virus meningitis	Died (<i>Virus meningitis</i>)
Female aged 45 years	Herpes Zoster	Died

Food Poisoning

The diagnosis of food poisoning was acceptable in 145 cases during 1965. These were distributed as follows:—

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Total</i>
19 (14)	84 (39)	23 (160)	19 (18)	145 (231)

The figures in brackets refer to 1964

In the 4th quarter an elderly lady of 88 years died from:—

1a. Uraemia; b. bronchopneumonia; c. *Salmonella typhimurium* enteritis.

OUTBREAKS

An outbreak is defined as a situation where all the cases either probably or certainly are derived from a single contamination or infecting source. The following is a summary of the outbreaks and single cases which occurred.

					Cases
					Total 99
Total 11					
<i>Outbreaks due to identified agents</i>					
Salmonella othmarschen	1 family	...	...	...	2
„ norwich	1 family	...	...	...	2
„ typhimurium	1 other	...	...	...	2
? Bact. coli	1 family	...	...	...	4
„	1 other	...	...	...	3
? Cl. welchii	1 other	...	...	...	70
<i>Outbreaks of undiscovered cause</i>					
	2 family	...	...	...	7
	3 other	...	...	...	9

SINGLE CASES

Agent identified	31	Unknown	10	Total	41
<i>Organism</i>				<i>No. of cases</i>	
<i>Salmonella typhimurium</i>				9	
give				3	
othmarschen				3	
newport				1	
butantan				1	
durham				1	
stanley				2	
blockley				1	
california				1	
indiana				1	
agona				1	
anatum				1	
meunchen				1	
enteritidis				1	
kapstaad				1	
brandenberg				3	
<i>Salmonella infection not food borne</i>				5	Total 5
indiana					

OUTBREAKS

Ninety-nine cases were associated with eleven outbreaks.

Salmonella typhimurium was isolated from two persons who had a meal of roast duck at a restaurant. The clinical features were diarrhoea, vomiting and abdominal pain and one patient was admitted to hospital. The duck had been purchased and roasted the same day. It was kept overnight in the refrigerator and reheated the following day.

The outbreak which affected 70 people and was responsible for the high number of notifications in the second quarter occurred in a hospital and on clinical grounds appeared to have been caused by a toxin producing organism probably *Clostridium welchii*. Steak pie was thought to have been the main foodstuff at fault. English beef and lambs kidney had been delivered mid-day on the 6th May and stored within 15 minutes in the refrigerator. On the 7th May it was cut up and then placed in a steam jacketed boiler and cooked for approximately $3\frac{1}{4}$ hours. The meat was then placed on to shallow aluminium trays and taken to the cooling room for approximately 2 hours before being returned to the refrigerator. The gravy was poured into a ten gallon aluminium pan and left in the kitchen to cool before being placed in the refrigerator. On the 8th May at 6.30 a.m. the gravy was taken from the refrigerator and placed on a gas ring to heat for about two hours until boiling, then a ladle full was placed on each tray of meat. The trays were covered with pastry and placed in the oven at approximately 10.30 a.m. The remaining gravy was kept on the stove until 11.30 a.m. when meals were ready, then placed in a container for use as required.

Pork was suspected as being the cause of two members of a family of four being taken ill on the 30th March and 1st April with diarrhoea, sickness and abdominal pain. The pork was bought on Saturday, 27th March and kept in a meat safe until the Sunday when it was cooked and eaten for dinner. It was left in the kitchen for two to three hours when it was put in the meat safe until the Monday evening when it was eaten cold. *Salmonella othmarschen* was isolated from one of the patients.

Salmonella norwich was regarded as the cause of illness affecting two persons, the suspected foodstuff being custard pies. These had been prepared, sold and eaten on the same day. However, the notifications were late and this somewhat hampered the subsequent investigations.

Bact.coli type 1 was recorded as the cause of four members of a family of eight being taken ill after having had pork sausages, from which this type of organism was isolated. It was also recorded as the causal agent in three cases of diarrhoea and vomiting after a meal of prawn chop suey at a restaurant, as these organisms were isolated from a portion of prawns. Such bacteriological findings in sausages and prawns are probably so common as to invite conclusions being drawn from them.

SINGLE CASES

Of the 41 single cases *Salmonella typhimurium* accounted for nine. In regard to the five cases of *Salmonella indiana* (not food borne) these were most probably due to infection passed from person to person.

Malaria

Only one case of malaria was notified during 1965 – this was a child aged 7 years who had acquired her infection abroad.

Measles

The usual pattern of an epidemic every two years was not followed in 1965, there being 8,233 cases notified which was a only slight rise over 1964 when there were 6,723 notifications. In each quarter of the year there were 3,195, 3,267 1,221 and 550 notifications – an unusually even spread throughout the year, a phenomenon noticed in the country as a whole.

The following table shows the age and sex distribution:–

Age	0	1–2	3–4	5–9	10–14	15–19	20–24	25–34	35–44	45–54	55–64	65–74	75 +	Total
Male ...	244	1196	1288	1394	55	29	8	3	1	1	—	—	—	4219
Female	186	1192	1174	1364	57	20	10	7	2	1	—	1	—	4014
TOTAL	430	2388	2462	2758	112	49	18	10	3	2	—	1	—	8233

Two children died. The details are as follows:–

Sex	Age	Date of Death	Remarks
Male	2 yrs.	14.2.65	Death from haemorrhagic pneumonia complicating measles.
Female	5 yrs.	20.3.65	Death from acute bronchopneumonia due to measles, (haemorrhagic type).

Meningococcal Infection

Eighteen cases of meningococcal infection were notified during 1965 of which two died. The ages and sexes of these were as follows:–

MALES

0 – 1 year ...	...	...	4	3 – 4 years	...	...	1
1 – 2 years	...	...	3	63 years	...	...	1

FEMALES

0 – 1 year ...	...	...	4 (1 died)	3 – 4 years	...	...	2
1 – 2 years	...	...	3 (1 died)				

Paratyphoid

There was only one case of paratyphoid fever during 1965 – it occurred in a woman aged 24 years shortly after arrival in this country from Australia. Paratyphoid B. organisms, phage type taunton were isolated. No other cases occurred.

Pneumonia

Under the Public Health (Infectious Diseases) Regulations, 1953 pneumonia is notifiable only when the disease is primary or when it occurs as the result of an attack of influenza. There were 142 notifications of primary pneumonia and 20 of the type following influenza during the year 1965. The age incidence was:—

<i>Age</i>	0	1—2	3—4	5—9	10—14	15—19	20—24	25—34	35—44	45—54	55—64	65—74	75+	<i>Total</i>
<i>Notifs. of Primary pneumonia</i>	5	5	4	8	2	3	2	13	5	21	22	23	29	142
<i>Pneumonia following influenza</i>	1	—	1	—	—	—	1	3	4	5	3	1	1	20

The monthly incidence is given below

<i>Month</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>
<i>Notifs. of primary pneumonia</i>	15	14	25	10	11	8	8	2	8	10	13	18
<i>pneumonia following Influenza</i>	6	4	4	1	1	1	—	—	2	1	—	—

The week ending March 6th had the highest number of notifications, nine, and for the weeks ending July 31st, August 7th and 21st, November 20th and December 11th no notifications were received.

Bronchopneumonia is by far the commonest type of pneumonia and this is, of course, not notifiable unless occurring in association with influenza.

Deaths from all types of pneumonia totalled 550 and the age distribution was as follows

DEATHS FROM PNEUMONIA (ALL FORMS) 1964

<i>Age</i>	0—	1—	2—	5—	15—	25—	45—	65—	75—
<i>Deaths</i>	40	3	3	1	0	13	73	116	301

33 per cent. of all the notifications related to persons 65 years of age and over; 76 per cent. of the deaths were in this group.

Poliomyelitis

Again in 1965 there were no confirmed cases of poliomyelitis. The following numbers of confirmed cases have been recorded in previous years.

1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
442	52	48	40	17	84	7	35	43	9	22
			1961	1962	1963	1964	1965			
			18	5	Nil	Nil	Nil			

It was in 1962 that the use of the oral vaccine began.

Scabies see page 259.

Scarlet Fever

During 1965 there were 696 cases of scarlet fever as compared with 598 and 435 in 1964 and 1963 respectively.

There were no deaths.

The five to nine age group accounted for 55 per cent. of the cases. The highest number of notifications, 37, was recorded in the week ending February 27th, and the lowest in the weeks ending August 14th, September 4th and October 16th, when only two cases were notified.

Smallpox

There were no cases of smallpox during the year. Surveillance was, however, carried out on a number of people who had arrived in England from endemic areas.

SMALLPOX VACCINATION See Immunisation page 52.

Typhoid

There were ten confirmed cases of typhoid fever during 1965. No deaths occurred.

The age and sex distribution was as follows:—

MALES	3 years, 4 years, 15 years.
FEMALES	5 months, 18 months (2), 2 years, 3 years (2), 5 years.

The above cases occurred chronologically as follows:—

On the 9th January a three year old girl was admitted to hospital having been ill with a cough, earache and vomiting since the 3rd. *Salmonella typhi* organisms (phage type E.I) were subsequently isolated from her faeces. On investigation of the household a 56 years old lodger was found to be excreting the same type of organism and, although intensive treatment was given, he still remained a carrier. No further cases arose in this family and there would appear to have been no spread.

Next case, a three year old boy, was notified after having been admitted to hospital on the 15th April, as *Salmonella typhi* had been isolated from the child's throat and the blood agglutinations were indicative of typhoid fever. On the 21st April notification was received that a two year old girl, who had been admitted to hospital on the 15th April suffering from gastro enteritis, was considered to be suffering from typhoid. Investigation of the households of the above two patients revealed that a lodger at the home of one frequented that of the other family and had prepared meals for the children. On the 26th and 27th April girls aged 18 months and 5 months, the former the sister of the boy and the latter, sister of the girl, were admitted to hospital and confirmed as suffering from typhoid. The phage type was "E.I." in all cases. The carrier was treated but remained positive. No other cases arose.

On the 19th July a notification was received that a boy aged 15 years was suffering from typhoid (phage type E.I.) He had only been in this country for a week and had been ill on arrival. This infection was assumed to have been acquired abroad and no other cases occurred.

On the 14th September and the 18th October, two children, aged 4 years and three years (brother and sister) were admitted to hospital and confirmed as suffering from typhoid fever – phage type E.I. Investigation of the home circumstances revealed that a 26 year old lodger was a carrier of *Salmonella typhi* organisms type E.I. In spite of intensive treatment, however, he remained a carrier.

The last two cases of the year were two sisters aged eighteen months and five years, who were admitted to hospital on the 30th November and 7th December, the phage type being J.I; investigations suggested that the father was a carrier of the same organisms. As he was a food handler he was admitted to hospital and treated successfully. No further cases arose in this family and there appeared to be no spread of the infection.

Venereal Diseases

Thanks are again due to Dr. W. Fowler, Consultant in Venereology, for the following information which relates to all patients attending the General Hospital.

The incidence of gonorrhoea and of non-gonococcal urethritis declined in 1965. Early syphilis continued to increase while the total number of new cases attending the clinic was 5% greater than in 1964.

GONORRHOEA

The incidence curve, which had been declining since 1963, continued the downward trend in 1965 when there were 1.9% fewer cases than in 1964. Male cases fell by 2.1% while there were 7 fewer female cases than in the previous year.

In 1964 the decline in cases was due to fewer patients being re-infected but, in fact, more individuals contracted the disease than in the previous year. However, in 1965 the fall in incidence was a true decline so far as males were concerned, there being 4.1% fewer male patients than in 1964. The position regarding the females was the same as in 1964, the small reduction in cases being due to a fall in the re-infection rate.

New Cases

	<i>Male</i>	<i>Female</i>	<i>Total</i>
1964	1,668	510	2,178
1965	1,632	503	2,135

New Patients

	<i>Male</i>	<i>Female</i>	<i>Total</i>
1964	1,481	470	1,951
1965	1,419	476	1,895

(It will be recalled that as applied to gonorrhoea the term "case" refers to one attack of the disease and not to one individual and that one individual can be recorded as a number of "cases" during the course of a year).

RACIAL INCIDENCE

West Indian males provided 7.4% fewer cases than in the previous year while the incidence in British males decreased by 10.6%. On the other hand, Southern Irishmen accounted for 22.8% and Asiatic males for 27% more cases than in 1964.

So far as the female patients were concerned, the racial incidence was very similar to that of 1964.

RACIAL INCIDENCE (Cases)

				<i>Male</i>		<i>Female</i>	
				<i>1964</i>	<i>1965</i>	<i>1964</i>	<i>1965</i>
British	...	...	...	674	602	406	410
W. Indian	...	...	...	579	536	42	40
S. Irish	...	...	...	140	172	51	48
Asiatics	...	...	...	207	264	4	5
Others	...	...	...	68	58	7	—

Of the total male cases 36.8% were born in the United Kingdom compared with 40.4% in 1964. Females born in this country accounted for the same proportion of the total female cases (80%) as in the previous year.

TEENAGE INCIDENCE

There were 22 fewer male cases (19%) and 18 fewer female cases (10%) than in 1964. The decrease occurred in 16—17 year old females and in 18—19 year old males.

NEW CASES

Age		Male		Female	
		1964	1965	1964	1965
under 16	...	3	4	7	6
16 — 17	...	25	24	78	48
18 — 19	...	87	65	101	114
		115	93	186	168

The proportion of the total female cases accounted for by teenagers decreased from 36.4% to 33.3%. The proportion of the total male cases accounted for by youths was much the same as in 1964 (5.6% in 1965 6% in 1964).

PENICILLIN SENSITIVITY

As in previous years penicillin insensitive strains of gonococci presented no problem and the initial cure rate with penicillin remains at over 95%.

NON-GONOCOCCAL URETHRITIS

For the first time for a number of years the incidence of non-gonococcal urethritis showed a decline, there being 836 cases in 1965 and 855 cases in the previous year. Unfortunately the etiology remains obscure in the majority of cases and it is impossible to say why this decrease has occurred and whether or not it is likely to be maintained.

SYPHILIS

EARLY INFECTIOUS

The incidence of early syphilis which had increased markedly in 1964 showed an even steeper rise in the year under review when there were 152 cases compared with 71 cases in 1964.

		Male		Female	
		1964	1965	1964	1965
Primary	...	44	96	3	11
Secondary	...	8	21	6	18
Early Latent	...	7	4	3	2
		59	121	12	31

(a) RACIAL INCIDENCE

The increased incidence was shown mainly by Pakistani males and for the second year these men provided more cases than men born in this country although the latter also had a higher incidence than in 1964. The increase in female cases was shown only by females born in this country. (The nationality of the 7 early latent male cases in 1964 was not recorded).

			RACIAL INCIDENCE			
			Male		Female	
			1964	1965	1964	1965
British	...	...	18	30	7	27
West Indian	...	...	1	6	3	1
Asiatic	...	...	29	77	—	—
S. Ireland	...	...	2	8	2	3
Others	...	...	2	—	—	—

(b) AGE INCIDENCE

13 patients were less than 20 years of age. The majority of female patients were under 25 years of age and the majority of male patients older than this.

AGE INCIDENCE		
Age	Male	Female
Under 16	—	—
16 — 17	1	2
18 — 19	7	3
20 — 24	20	16
25+	93	10

(c) PLACE OF INFECTION

25 of the female patients contracted the disease in Birmingham. Two of the remaining patients were infected in other areas of the British Isles. Eighty of the male patients contracted syphilis in Birmingham, 22 patients were infected in other parts of Britain and 3 of the remaining patients were infected overseas.

LATE SYPHILIS

A diagnosis of late syphilis was made in 70 cases compared with 60 cases in the previous year. As in 1964 most of these patients were immigrants.

SYPHILIS IN PREGNANCY

Of the female patients suffering from syphilis 23 were pregnant when they first attended the clinic. 9 of these had early syphilis—7 English—women, 1 West Indian and 1 Indian: 2 patients had congenital syphilis—1 English, 1 Irish: the remaining patients had late syphilis. 9 of the latter were West Indian, 1 was African and 2 were Indian. In one of the cases of early syphilis the infant was lost. All the other females had healthy infants.

CONGENITAL SYPHILIS

There was no infant congenital syphilis, but two cases were under 15 years of age and 8 cases over the age of 15 years. (In 1964 there were no cases in infancy, none under the age of 15 years and 9 cases over the age of 15 years). It is worth noting that both cases under 15 years of age were West Indians.

CHANCROID, YAWS, GRANULOMA INGUINALE, LYMPHOGRANULOMA VENEREUM

1963	...	...	—	1	16	51
1964	...	...	—	—	1	50
1965	...	...	—	—	1	45

OTHER CONDITIONS

This category includes patients with diseases of the genitalia or lower genito-urinary tract which have to be differentiated from the venereal diseases, patients who request, or are asked to have an examination because they might have been in contact with venereal disease and people who require a certificate of freedom from venereal disease. There were 5% more patients in this category in 1965 than in 1964.

		1964	1965
Cases requiring treatment	...	797	852
Cases not requiring treatment	...	2,602	2,731
		<hr/> 3,399	<hr/> 3,583

PROSTITUTES

These women played only a minor part in the spread of gonorrhoea in Birmingham and were responsible for the same percentage of cases of gonorrhoea as in 1964 (15%).

On the other hand, they were the main carriers of early syphilis and infected over 75% of the males, including all the Pakistanis.

CASE HOLDING AND CONTACT TRACING

The improvement in case holding which began in the latter part of 1964 was maintained in the year under review. However, as in previous years, the high incidence of false names and addresses resulted in much of the health visitors' time being wasted.

Contact tracing was no more successful than in the past and most of the contacts brought to the clinic had been infected, or could have been infected, by the patient who brought them. The primary contact, i.e. the initial source of infection, was very infrequently identified. This was particularly so with early syphilis. The prostitutes mainly responsible for spreading the disease were difficult to identify as they tended to move frequently from one part of the city to another and, indeed, from Birmingham to other areas.

1,174 contact slips were given to patients suffering from gonorrhoea and 77 to patients suffering from syphilis. 14 contacts of the latter were found to be suffering from syphilis. 495 of the contacts of gonorrhoea patients attended for examination and 266 of these were found to be infected.

PRESENT POSITION

Gonorrhoea is still very prevalent in Birmingham. However, the position is much better than in the previous year. There is less gonorrhoea in males born in this country and in teenagers of both sexes than in the previous year. The incidence, which had been declining in West Indian men since 1962, continued to fall and the number of female West Indian cases remained almost stationary. The West Indian findings suggest that these immigrants are settling down in this city. The other findings might indicate that so far as Birmingham is concerned the incidence curve of gonorrhoea might have passed its peak.

That Southern Irishmen and Asiatics provided more cases than in 1964 does not indicate necessarily that the above suggestion is wrong. In both groups of men the incidence curve has fluctuated from year to year and the incidence in both groups in 1965 is within the range of fluctuation. It could be that the rise and fall in incidence shown over the years by these men simply depends upon the number of them present in the city in any year. Both racial groups have a large nomadic element consisting mainly of single men or men separated from their families—conditions well known to favour the spread of gonorrhoea.

If the position regarding gonorrhoea has improved, that of early syphilis has worsened markedly and this disease which a few years ago seemed to have been eradicated from Birmingham is again firmly entrenched in the city. The disease is being carried by prostitutes and the occasional promiscuous amateur and the incidence will continue to increase unless more strenuous efforts than are possible at present can be taken to trace these females. Also it would be helpful if the public and particularly the Pakistani element could be warned of the dangers of syphilis and the fact that the disease is being spread by prostitutes.

Late syphilis remains rare in the white population and has a low incidence now among immigrants but will certainly increase unless early syphilis can be brought under control.

Non-gonococcal urethritis is slightly less common than in previous years but it is not possible to say why there has been this decline in incidence and whether or not this decline will be maintained.

It is quite certain now that none of the other venereal diseases will present any public health problem.

NUMBERS OF NEW BIRMINGHAM CASES OF VENEREAL DISEASES
TREATED YEAR BY YEAR SINCE 1950

<i>Year</i>	<i>Syphilis</i>	<i>Soft Chancre</i>	<i>Gonorrhoea</i>	<i>Other Cases</i>
1950	295	—	462	2,978
1951	208	—	525	2,366
1952	188	—	676	2,364
1953	148	—	571	2,352
1954	135	—	446	2,275
1955	156	—	463	2,431
1956	188	—	875	2,492
1957	192	—	1,138	2,213
1958	133	—	1,223	2,106
1959	129	—	1,244	2,189
1960	112	—	1,559	2,680
1961	157	—	2,091	3,286
1962	137	—	2,099	3,292
1963	114	—	2,018	3,579
1964	109	—	1,943	3,746
1965	176	—	1,915	3,798

VENEREAL DISEASE TREATED IN BIRMINGHAM HOSPITALS

	<i>Name of Hospital</i>	<i>Syphilitic conditions</i>	<i>Gonorrhoea</i>	<i>Other conditions</i>
New cases coming under treatment during 1965	General Children's	222 —	2,135 —	4,492 30
TOTAL number of attendances during 1965	General Children's	4,223 —	10,551 —	18,148 30
Cases discharged after completion of treatment and for observation	General Children's	154 —	1,498 —	3,130 —
Cases transferred from other centres	General Children's	15 —	8 —	8 —

Whooping Cough

During 1965 there were 419 notifications of whooping cough as compared with 760 for 1964, 1,068 for 1963, 319 for 1962, 517 for 1961 and 1,572 for 1960.

Of the notified cases 416 were children under fifteen years of age. 16 per cent. of the cases were under one year of age and 76 per cent. under five years of age.

The notifications reached their peak in the week ending 18th September when 24 were received.

Three children died from whooping cough. Details were as follows:—

<i>Sex</i>	<i>Age</i>	<i>Date of Death</i>	<i>Remarks</i>
Female	10 months	22.5.65	This baby died from whooping cough, bronchopneumonia, failure to thrive. She had made little progress since birth. There had been no other cases in the house.
Male	5 months	26.9.65	Baby taken ill whilst on holiday (onset 7th August). Treated with penicillin prior to admission to hospital on the 2nd September. Good home; history of brother aged 4½ having had whooping cough prior to baby's illness.
Female	1 month	30.10.65	Poor home conditions, mother, father and three children (including baby) living in one room. Baby developed cough on the 11th October and was admitted to hospital on the 23rd October. In hospital child seemed to respond to treatment but suddenly collapsed and died on the 30th October.

Public Health (Aircraft) Regulations, 1952

Health control of 252 aircraft arriving at Birmingham Airport, Elmdon, during 1965 from outside the "excepted area" was carried out uneventfully.

International Certificates of Vaccination

During 1965 under the International Sanitary Regulations, 1952, International Certificates of Vaccination against Smallpox, and Cholera were checked, stamped and countersigned. In recent years the numbers dealt with were as follows:—

1953	1954	1955	1956	1957	1958	1959	1960
2,756	3,089	3,291	4,113	7,587	4,205	4,073	5,207
		1961	1962	1963	1964	1965	
		7,005	30,243*	9,569	11,465	17,191	

* increase due to occurrence of smallpox in the country.

Disease	Sex	0	1—2	3—4	5—9	10—14	15—19	20—24	25—34	35—44	45—54	55—64	65—74	75 up	Totals
Anthrax	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	—
Diphtheria	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	—
Dysentery	M F	36 23	103 73	48 35	56 48	21 15	12 22	12 28	27 38	20 15	9 17	17 13	5 9	— 2	366 338
Encephalitis Acute Infective	M F	— 1	1 —	— —	1 —	— —	— —	— —	— —	— —	1 —	— —	— 1	— —	3 2
Encephalitis Post Infections	M F	— —	— 1	— —	— —	— —	— —	— —	— —	— —	— 1	— —	— —	— —	— 2
Erysipelas	M F	— —	— 1	— —	— —	— —	— —	1 —	1 1	3 3	7 4	9 4	7 3	— 3	28 19
Food Poisoning	M F	5 7	6 4	3 5	3 1	4 3	6 10	9 3	11 8	9 8	8 11	6 8	3 1	1 2	74 71
Malaria	M F	— —	— —	— —	— 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 1
Measles	M F	244 186	1,196 1,192	1,288 1,174	1,384 1,364	55 57	29 20	8 10	3 7	1 2	1 1	— —	— 1	— —	4,219 4,014
Meningococcal Infection	M F	4 4	3 3	1 2	— —	— —	— —	— —	— —	— —	— —	1 —	— —	— —	9 9
Ophthalmia Neonatorum	M F	143 139	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	143 139
Paratyphoid Fever	M F	— —	— —	— —	— —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	— 1
Polionyelitis Paralytic	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Polionyelitis Non-paralytic	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Pneumonia	M F	4 2	3 2	3 2	5 3	1 1	2 1	2 1	9 7	5 4	20 6	16 9	13 11	10 20	93 69
Puerperal Pyrexia	M F	— —	— —	— —	— —	— 1	34 —	50 —	48 —	25 —	— —	— —	— —	— —	— 158
Scarlet Fever	M F	2 —	28 25	78 68	186 195	36 53	3 7	4 4	2 3	2 —	— —	— —	— —	— —	341 355
Smallpox	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Typhoid Fever	M F	— 1	— 3	2 2	— 1	— —	1 —	— —	— —	— —	— —	— —	— —	— —	3 7
Whooping Cough	M	37	77	47	29	3	—	1	—	—	—	—	—	—	194

IMMUNISATION

(Sections 26 and 28 National Health Service Act, 1946)

During the year the integration of poliomyelitis immunisation and diphtheria, pertussis and tetanus immunisation was completed by administering the primary course of triple antigen so that the three injections were given concurrently with the three doses of oral poliomyelitis vaccine beginning at six months of age. This has proved to be medically effective, administratively convenient and the reduction in the number of visits required is much appreciated by mothers.

A system of record keeping which began with the children born in the City during 1961 enabled us to send letters to parents of children whose 4th birthday fell in 1965 reminding them of the importance of immunisation before school entry. Those whose children had completed primary immunisation in infancy were advised to present them to the general practitioner or welfare centre for a reinforcing dose while those for whom we had no record of primary immunisation were urged to obtain this protection before the child started school. The success of this approach is shown by the fact that 4,172 four year old children received reinforcing immunisation against diphtheria and tetanus in 1965 compared with 1,321 in 1964.

There has been no notable new development in immunisation against poliomyelitis. Ease of administration resulted, once again, in a satisfactory primary immunisation rate, 25,443 primary immunisations being performed. During the year the number of reinforcing doses given was 13,853 which shows an improvement compared with 1964 when 9,339 reinforcing doses were given.

B.C.G. VACCINATION

			1965	1964
Total number of vaccinations	..	..	11,525	15,375
Total number of injections	..	..	28,224	36,571

School Children (13 years old)

During the year 9,815 children had B.C.G. Vaccination in schools, as compared with 13,750 in 1964. (Approximately 2,000 who would normally have been skin tested and vaccinated in 1965 were brought forward to 1964 for staffing reasons).

The parents of 13,022 children were approached and of these 11,718 (90 per cent.) accepted the skin test and vaccination with B.C.G.

During the period 12,125 were skin tested. Of these, 484 had been previously vaccinated either through contact clinics or by special request in this City or elsewhere. (The number skin tested during the year is greater than the number who accepted because there is always a 'carry over' from one year to the next).

Table 1 – Children not previously vaccinated

Number skin tested	..	..	..	..	..	..	11,641
Number positive	..	..	..	..	..	..	972
Number doubtful	..	..	..	..	..	..	160
Number who failed to attend for reading of test	..	..					616
Number negative	..	..	..	..	..	..	9,893
Number vaccinated with B.C.G.	..	..	..	..	..	..	9,815

Seventy-eight children who gave a negative reaction to skin test were not vaccinated for various reasons; swimming, illness, etc. A number of these were later tested and vaccinated.

Table 2 – Children who had previously been vaccinated.

Number skin tested	..	..	..	..	..	..	484
Number positive	..	..	..	..	..	..	442
Number doubtful	..	..	..	..	..	..	17
Number who failed to attend for reading of test	..	..					9
Number negative	..	..	..	..	..	..	16
Number re-vaccinated with B.C.G.	..	..	..	..	..	..	8

The percentage of positive reactors amongst those not previously vaccinated was less than in the previous year. It was during 1964 that a change was made from Mantoux to Heaf testing.

1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
13.5%	13.0%	11.9%	9.4%	8.9%	7.9%	7.5%	8.1%	10.4%	8.8%

A sample of children from each school, vaccinated with B.C.G. in the previous year, was given a conversion skin test:—

Number skin tested	..	..	..	..	..	842
Number of skin tests read	..	..	..	..	..	775
Number converted	..	..	..	..	..	697=90%
Number negative	..	..	..	..	..	55*
Number doubtful	..	..	..	..	..	23
Number who failed to attend for reading of test						67

*Five children who gave a negative reaction to the conversion test were re-vaccinated at the request of their parents.

Two members of staff at school were skin tested – one was vaccinated with B.C.G. one gave a positive result – had been previously vaccinated.

School Children X-rayed during 1965

Of the 12,125 children initially skin tested 1,414 were found to give a positive reaction (442 children who had been previously vaccinated and 972 who had not been previously vaccinated) –

Of these children, 1,362 were offered X-ray appointments during 1965; the rest will be given appointments during 1966 –

Also 232 children who were found to give a positive reaction in 1964 were X-rayed in 1965 –

X-ray appointments offered	..	..	..	..	..	1,594
Failed to attend	..	..	..	..	..	92
X-rayed during the preceeding 12 months	..	..	..	..	..	30
Abnormal	..	..	..	..	..	14
Normal	..	..	..	..	..	1,458

The children whose parents refused skin testing were offered X-ray. Also 254 who parents refused in 1964 were offered X-ray during 1965. There were 1,304 refusals during 1965 and 1,288 were offered X-ray appointments. The rest will be offered during 1966.

X-ray appointments offered	..	..	..	..	..	1,542
Number who attended	..	..	..	..	..	814
Number X-rayed during preceding 12 months	..	..	..	..	..	21
Number abnormal	..	..	..	..	..	6
Number normal	..	..	..	..	..	808

The children who were absent from school during the visit of the B.C.G. Team and who did not attend the special clinics arranged during the school holidays were offered X-ray:–

Number of appointments offered	..	..	..	..	..	885
Number who attended	..	..	..	..	..	444
„ X-rayed during preceding 12 months	..	..	..	..	..	8
„ abnormal	..	..	..	..	..	Nil
„ normal	..	..	..	..	..	444

Appointments for X-ray were offered to children for whom vaccination with B.C.G. was inadvisable:–

Number of appointments offered	..	..	..	..	..	157
Number who attended	..	..	..	..	..	79
„ X-rayed during preceding 12 months	..	..	..	..	..	4
„ abnormal	..	..	..	..	..	1
„ normal	..	..	..	..	..	78

Notifications in 1965 of Tuberculosis in School Children Previously Mantoux Tested or Vaccinated with B.C.G.

One who was Mantoux positive in 1953

„	„	„	„	„	„	1955
„	„	„	„	„	„	1958
„	„	„	Heaf	„	„	1964
„	„	„	„	„	„	1965

One who was vaccinated with B.C.G. in 1954

Three who were	„	„	„	„	„	1957
Three	„	„	„	„	„	1958
Two	„	„	„	„	„	1960
Four	„	„	„	„	„	1962

Three Year Follow-up by X-ray of Mantoux Positive Children

Mid 1961 – Mid 1962

Appointments given	..	..	..	..	..	943
Attended	..	..	..	..	..	304
Normal	..	..	..	..	..	291
Abnormal	..	..	..	..	..	13 (Ref: to Chest Clinic 1)

Colleges of Further Education

Due to a case of tuberculosis arising we visited a Day Training College:-

Table 1 – Persons not previously vaccinated

Number of students skin tested	..	..	..	66
Number who gave a negative result to skin test				26
„ who gave a doubtful result to skin test				1
„ who gave a positive reaction to skin test				36
„ failed to attend for reading of test	..			3
„ vaccinated with B.C.G.	..	..		23

Table 2 – Persons who had previously been vaccinated

Number skin tested	..	..	..	31
„ positive	..	..	..	30
„ negative	..	..	..	1 (re-vaccinated)

X-ray appointments were offered to students:-

Appointments offered to Table 1 positive reactors	..	36
X-ray normal	.. ..	32
X-rayed during preceding 12 months	.. ..	1
Failed to attend for X-ray	.. ..	3
Appointments offered to Table 2 positive reactors	..	30
X-ray normal	.. ..	29
Failed to attend for X-ray	.. ..	1
X-ray appointments offered to students who refused skin test and B.C.G.	.. ..	6
X-ray normal	.. ..	5
Failed to attend for X-ray	.. ..	1
Students for whom B.C.G. inadvisable – offered		
X-ray	.. ..	4
X-ray normal	.. ..	4

No other visits were paid to Colleges of Further Education during the year.

Contacts of Tuberculous Patients, Hospital and Public Health Staffs.

Ninety-six Clinics were held during 1965 at the Public Health Department.

Number of Mantoux tests	..	..	..	..	1,854
Number positive	..	..	..	..	221
,, doubtful	..	..	..	..	21
,, negative	..	..	..	..	1,519
,, vaccinated with B.C.G.	..	..	..	..	1,538
,, failed to attend for reading of test	..	..	..	..	93

Fourteen Mantoux negative patients were not vaccinated for various reasons. The number vaccinated includes 33 babies direct from the Maternity Hospital without preliminary Mantoux testing.

The number vaccinated at the Maternity Hospital 5

Conversion tests to check the efficiency of the vaccination are carried out on this group who are at greater risk than the normal population:—

Number of conversion tests	..	..	..	..	1,582
Number converted	..	..	..	..	1,202
,, negative	..	..	..	..	135(10 re-vaccinated)
,, doubtful	..	..	..	..	79
,, failed to attend for reading of test	..	..	..	..	166

During the year B.C.G. vaccination was offered to Asian immigrants:—

Number Mantoux tests given	..	..	..	..	197
Number positive	..	..	..	..	50
,, doubtful	..	..	..	..	1
,, negative	..	..	..	..	120
,, vaccinated with B.C.G.	..	..	..	..	119
,, failed to attend for reading of test	..	..	..	..	26

Visitors

During the year 22 people visited the Section for the purpose of watching the clinics, including doctors from Burma, Nepal, Hong Kong, Saudi Arabia, West Pakistan and student nurses and tutors from the East Birmingham Hospital Chest and General Branches, and one medical student from Dundee.

VACCINATION AGAINST SMALLPOX

Records were received of the following vaccinations by general practitioners in the City of children under the age of 16 years:—

Successful primary vaccination	..	..	..	..	..	7,069
re-vaccinations	..	..	..	..	..	301

<i>Age at date of vaccination</i>	<i>Under 1</i>	<i>1</i>	<i>2 - 4</i>	<i>5 - 15</i>
No. of primary vaccinations	1,351	4,271	1,224	. 223
Number of re-vaccinations	—	11	72	218

In addition there were 417 persons, all aged 16 years or over, **vaccinated by the staff of the Department.** All these, with the exception of 3, were re-vaccinations. The majority were members of the Public Health Department or Ambulance staff who might be at immediate risk if a case of smallpox occurred in the City. The remainder were persons travelling abroad at short notice who were unable to arrange vaccination by a general practitioner.

International Certificates of Vaccination

During 1965, under the International Sanitary Regulations, 1952, International Certificates of Vaccination against smallpox and cholera were checked, stamped and countersigned. In recent years, the numbers dealt with were as follows:—

<i>1954</i>	<i>1955</i>	<i>1956</i>	<i>1957</i>	<i>1958</i>	<i>1959</i>	<i>1960</i>	<i>1961</i>
3,089	3,291	4,113	7,587	4,205	4,073	5,207	7,005
		<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>		
		30,243*	9,569	11,465	15,116		

* increase due to occurrence of smallpox in the country.

Yellow Fever Vaccination

As in previous years, yellow fever vaccination clinics were held on Wednesday afternoons between 14.00 hours and 15.00 hours. Appointments are not necessary for these clinics. An International Certificate is issued at the time of vaccination and a charge of £1.1.0 is made.

During the year 2,075 persons were vaccinated against yellow fever. Of these, 550 attended from addresses within the City and 1,525 from outside. Vaccination was performed at times other than the normal clinic session for the benefit of 95 people who had to travel at very short notice. 53 members of H.M. Forces and 50 members of their families attended the Birmingham Clinic for yellow fever vaccination.

	<i>Under 9 months of age</i>	<i>9 months— 5 years</i>	<i>6 — 21 years</i>	<i>22 — 70 years</i>	<i>Over 70 years</i>
Persons vaccinated	nil	160	406	1,493	16

DIPHTHERIA, PERTUSSIS, TETANUS, POLIOMYELITIS
NUMBER OF PERSONS WHO COMPLETED A PRIMARY COURSE DURING 1965

Year of Birth		1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	Children Total	Adm. Total
Infant Welfare Centres	DIPH.				4	6	3	2	1	2								18	
	DIPH. TET.	73	292	129	88	165	119	110	51	41	8	5	4	6	4	7	2	1,104	
	DIPH. PERTUS.		4	2	1													7	
	TRIPLE	1,079	3,610	481	193	17	3											5,383	
	TET.		3	5	6	1,296	1,299	514	230	156	49	25	46	32	2	10	3	3,676	12
	POLIO	1,396	6,648	1,461	969	1,149	527	267	150	91	76	37	77	52	22	19	22	12,963	35
Day Nurseries	DIPH.																	—	
	DIPH.- TET.	5	3	4	1	2												15	
	DIPH.- PERTUS.																	—	
	TRIPLE	29	54	17	6	1	1											108	
	TET.			1		18												19	
	POLIO	33	126	52	24	14	2											251	
Institutions	DIPH.																	—	
	DIPH.- DIPH.- TET.															1	1	2	
	DIPH.- PERTUS.																	—	
	TRIPLE		1	2	2	1												6	
	TET.				1		3					1	1		9	4	3	22	
	POLIO		9	2	1	1								1	4		2	20	
Residential Schools	DIPH.																	—	
	DIPH.- TET.											1						1	
	DIPH.- PERTUS.																	—	
	TRIPLE																	—	
	TET.																	—	
	POLIO								2	1	1	1		2	3	1	1	12	

DIPHtheria, PERTUSSIS, TETANUS, POLIOMYELITIS
NUMBER OF PERSONS WHO COMPLETED A PRIMARY COURSE DURING 1965 (CONT.)

Year of Birth		1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	Children Total	Adult Total
Council House	DIPH.																	—	—
	DIPH.— TET.			1														1	—
	DIPH.— PERTUS.																	—	—
	TRIPLE	4																4	—
	TET.					3	7	7	5	3	2	3	3	1	3	3		40	8
	POLIO	15	14	8	6	10	4	6	7	7	5	6	7	1	1	1		98	462
Meat Market	TET.																	—	40
Factories, etc.	POLIO																	—	75
Day Hospital	POLIO																	—	25
General Practitioners	DIPH.	2	8	7	2	8	8	1	2		1		1	1			1	42	—
	DIPH.— TET.	12	23	16	8	11	23	10	7	2	2	2	4	1	2		1	124	3
	DIPH.— PERTUS.	5	28	10	10	6	1	1		1								62	—
	TRIPLE	1,392	5,118	835	277	151	66	35	18	11	6	8	7	6	2	2	1	7,935	5
	TET.	7	25	38	48	117	182	152	168	194	192	180	198	208	189	192	163	2,253	3,681
	QUAD	42	118	44	12	5	3	3	2		1				1			231	—
	POLIO	919	5,417	1,848	767	412	309	156	92	75	50	44	36	50	25	23	31	10,254	925
Totals	DIPH.	2	8	7	6	14	11	3	3	2	1		1	1			1	60	—
	DIPH.— TET.	90	318	150	97	178	142	120	58	43	10	8	8	7	6	8	4	1,247	4
	DIPH.— PERTUS.	5	32	12	11	6	1	1		1								69	—
	TRIPLE	2,504	8,783	1,335	478	170	70	35	18	11	6	8	7	6	2	2	1	13,436	5
	TET.	7	28	44	55	1,434	1,491	673	403	353	243	209	248	241	203	209	169	6,010	3,820
	QUAD	42	118	44	12	5	3	3	2		1				1			231	—
	POLIO	2,363	12,214	3,371	1,767	1,586	842	429	251	174	132	88	120	106	55	44	56	23,598	1,845
Grand Totals		5,013	21,501	4,963	2,426	3,393	2,560	1,264	735	584	393	313	384	361	267	263	231	44,651	5,674
Under 1 year 5,013		1 - 4 years 32,283					5 - 15 years 7,355												Grand Total:- 50,325

DIPHTHERIA, PERTUSSIS, TETANUS, POLIOMYELITIS
NUMBER OF PERSONS WHO RECEIVED REINFORCING INJECTIONS
AND DOSES DURING 1965

Year of Birth		1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	Children Total	Ad. Tot
Infant Welfare Centres	DIPH.					92	81	33	16	2	1			4				229	
	DIPH.- TET.		3	1	2	3,733	2,501	771	314	116	37	22	26	24	6	5		7,561	
	DIPH.- PERTUS.																	—	
	TRIPLE																	—	
	TET.		2	2	3	357	1,019	715	260	135	63	22	43	25	22	18		2,686	
	POLIO		2	10	14	3,738	2,612	871	420	202	73	56	72	63	26	26	18	8,203	
1 Day 1 Nurseries	DIPH.					4	1											5	
	DIPH.- TET.					43	7											50	
	DIPH.- PERTUS.																	—	
	TRIPLE																	—	
	TET.					6	1											7	
	POLIO					39	3											42	
Institutions	DIPH.																	—	
	DIPH.- TET.					1	1		1									3	
	DIPH.- PERTUS.																	—	
	TRIPLE																	—	
	TET.							1	2				1	3	3	5	2	17	
	POLIO															2		2	
2 Residential Schools	DIPH.						1											1	
	DIPH.- TET.																	—	
	DIPH.- PERTUS.																	—	
	TRIPLE																	—	
	TET.										1	1						2	
	POLIO											1				1		2	

DIPHTHERIA, PERTUSSIS, TETANUS, POLIOMYELITIS
NUMBER OF PERSONS WHO RECEIVED REINFORCING INJECTIONS
AND DOSES DURING 1965 (CONTINUED)

Year of Birth		1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	Children Total	Adult Total
Council House	DIPH.					1	1	1										3	—
	DIPH.— TET.					5	6	9	1	3		1						25	—
	DIPH.— PERTUS.																	—	—
	TRIPLE																	—	—
	TET.						4	2	4	2	4	5	2	2	2	2	1	30	4
	POLIO					2	17	18	11	18	15	14	16	10				121	782
Meat Market	TET.																	—	—
Factories, etc.	POLIO																	—	8
Eye Hospital	POLIO																	—	32
General Practitioners	DIPH.		2	2	4	138	361	84	33	8	4	3	1	2	1	3	3	649	11
	DIPH.— TET.	2	18	28	18	390	705	163	62	17	6	8	5	2	1	2	2	1,429	5
	DIPH.— PERTUS.			3		42	146	62	15	3	1	1	1					274	—
	TRIPLE	27	240	272	66	497	998	270	109	30	14	11	6	3		5	2	2,550	6
	TET.	1	16	28	35	93	127	118	117	134	136	129	103	143	112	111	96	1,499	2,179
	QUAD		23	45	12	23	49	17	2									171	—
	POLIO	5	83	108	42	890	1,771	718	297	152	92	57	52	57	35	17	11	4,387	216
Totals	DIPH.		2	2	4	235	445	118	49	10	5	3	1	6	1	3	3	887	11
	DIPH.— TET.	2	21	29	20	4,172	3,220	943	378	136	43	31	31	26	7	7	2	9,068	5
	DIPH.— PERTUS.			3		42	146	62	15	3	1	1	1					274	—
	TRIPLE	27	240	272	66	497	998	270	109	30	14	11	6	3		5	2	2,550	6
	TET.	1	18	30	38	456	1,151	836	383	271	204	157	149	173	139	136	99	4,241	2,227
	QUAD		23	45	12	23	49	17	2									171	—
	POLIO	5	85	118	56	4,669	4,403	1,607	728	372	180	128	140	130	61	46	29	12,757	1,096
Grand Totals		35	389	499	196	10,094	10,412	3,853	1,664	822	447	331	328	338	208	197	135	29,948	3,345
0 - 4 Years 11,213						5 - 15 Years 18,735											Grand Total 33,293		

LABORATORY SERVICES

(a) ANALYTICAL LABORATORY

Samples examined during the year totalled 8,602 and were made up as follows: -

Samples taken under the Food and Drugs Act, 1955:

Milks	...	...	...	...	...	...	...	1,993
Other Foods	...	...	...	...	...	...	...	2,429
Drugs	...	...	...	...	...	...	...	612
								5,034

Samples of drugs taken under the Birmingham Drug Testing

Scheme	...	...	...	...	...	...	...	358
Miscellaneous samples	...	...	...	...	...	...	...	3,210
								8,602

Since the end of the last war, the amount of food legislation introduced has been very considerable and the steady increase shows no sign of abating. Compositional, labelling and food additive aspects of food control have all been carefully dealt with by committees set up by the Government, principally the Food Standards Committee and the Food Additives and Contaminants Committee. One result of this enacted or proposed legislation has been a gradual reduction in the number of faults found in articles of food, especially labelling faults, but another is the greatly increased amount of routine work, often of a complex nature, necessary on many individual samples.

One question of food purity causing concern in official circles is that of the degree of contamination of food by minute traces of "persistent" pesticides such as D.D.T., which are thought to accumulate in human tissue. The drosophila fly test has some use as a screening test for gross contamination, but for accurate identification and determination of amounts of pesticide less than 1 p.p.m., gas chromatography is essential. A national scheme of food testing sponsored by local authorities and the Association of Public Analysts using gas chromatography is scheduled to commence early in 1966.

Food and Drugs Act, 1955

During the year, out of a total of 4,422 samples of food, 116 or 2.6 per cent. received adverse reports, but of these 93 were of genuine though sub-standard milk, i.e. the real rate of "adulteration" was only 0.5 per cent.

MILK. In 1964, because of the introduction of the Milk Marketing Board's "Payment by Quality" scheme necessitating periodic testing of farmers' milk by the Board, samples of churn milk taken under the Act were reduced and the total number of milk samples tested fell from 2,783, in 1963, to 2,280 in 1964. In 1965 a further reduction to 1,993 samples has been made. The average composition of these samples was 3.74 per cent. fat and 8.70 per cent. solids-not-fat, making a total solids content of 12.44 per cent., which represents milk of good quality. As with all natural products, milk varies considerably in composition, breeds of animal being the chief factor responsible for the variation. Presumptive minimum limits of quality are laid down by the Sale of Milk Regulations, and below these specified limits of 8.5 per cent. solids-not-fat and 3.0 per cent. fat, milk is presumed to have been watered or skimmed. However, milk "straight from the cow" of quality below these limits is still legally genuine and differentiation between this type of milk and adulterated milk is resolved analytically by the freezing point test. During the year, no sample was found to contain added water, and this was the first such occurrence in the City in recent times. This and the fact that only 93 milks were found to be sub-standard from natural causes, compared with 190 in 1964 and 273 in 1963, are undoubtedly connected with the aforementioned recent introduction of a "Payment by Quality" scheme by the Milk Marketing Board. Of the 93 incorrect milks, 76 were deficient in fat, 11 in solids-not-fat, five in both fat and solids-not-fat, and one sample contained colostrum. Except in the borderline cases, the farmers concerned were notified and usually advised to seek the help of their local Agricultural Advisory Officer.

OTHER INCORRECT FOODS. Several consignments of imported chilli powder have been found by port authorities to be either adulterated with pea or bean flours or coloured with non-permitted dye. At the request of the Association of Sea and Air Port Health Authorities and as part of a general survey, a number of samples purchased locally were also examined during the quarter. Five out of a total of nine samples tested received adverse reports: two samples contained Oil Orange TX, two contained Sudan Red G, and the fifth one contained Brilliant Croceine — all non-permitted dyes. In addition, the last sample contained about 12 per cent. pea flour. These facts were reported to the Association.

Butter should contain not more than 16 per cent. water whereas a specimen examined contained 16.5 per cent. water. Apologies were received from the company responsible, who stated that they normally worked to a maximum of 15.8 per cent. ! — a limit so close to the legal maximum as to lend itself to occasional errors.

An imported vanilla extract labelled as "pure" was found to be fortified with 0.34 per cent. coumarin, a flavouring agent foreign to natural vanilla pods and which, therefore, could only be classed as an

adulterant. Apart from this aspect of adulteration, doubt has been expressed as to the toxicity of coumarin, but no firm evidence is available to support the contention that it is other than perfectly harmless. Stocks were returned to the wholesaler for re-labelling.

Pork sausage should contain not less than 65 per cent. meat of which not less than half (i.e. $32\frac{1}{2}$ per cent.) should be lean meat. A specimen examined contained only 29 per cent. lean meat and a repeat sample taken a fortnight later was similarly deficient. The firm concerned promised to remedy the fault.

A specimen of malt vinegar taken at a school kitchen was found to contain only 3.1 per cent. acetic acid compared with the minimum of 4.0 per cent. required. An unopened stock bottle was found to be similarly deficient. Remaining stock was returned to the suppliers. Another sample of the same commodity was very old stock. The metal cap of the bottle had rusted badly and, on opening, flakes of rust fell into the vinegar. This case was referred to the Food Inspection Section, as were also two other cases involving fruit. One, a can of prunes, was found to contain 300 parts per million of tin (the recommended limit is 250 p.p.m.) and, in the other case, a sample of fresh strawberries was mouldy.

A sample of curry powder contained 1.8 per cent. sandy matter whereas a reasonable maximum is 1.0 per cent. — the stock was returned to the suppliers. A bottle of frying oil labelled "Pure Groundnut Oil" did in fact contain a small amount (less than 1 per cent.) of cottonseed oil, derived no doubt from the previous use of oil presses for cottonseed cake.

A bottle of blackcurrant health drink was stated to contain not less than 80 mg. vitamin C per 100 gm. whereas 276 mg. were found. It was discovered that old labels had inadvertently been used — new ones claimed a minimum of 206 mg. per 100 gm.

The labels of a sample of low calorie orange drink and of a specimen of crispbread were judged not to comply with regulations or to be misleading: these complaints were taken up with the manufacturers.

A sample of cordial examined contained 900 parts per million of benzoic acid preservative whereas the maximum permitted by the Preservatives in Food Regulations, 1962, is 800 parts per million. A repeat sample contained only 310 parts per million and was therefore satisfactory. There was no distinguishing code mark on the labels of the samples, but the markings on the bases of the bottles were different. Correspondence with the bottlers revealed a rather slack state of affairs in the factory in that the samples examined had somehow missed a coding machine; also it was suggested that the preservative solution, added at the end of the bottling process, had not been properly stirred. A more vigorous works control was promised.

Two samples of lime juice cordial were incorrectly labelled "lime cordial" and contained saccharin without declaration, contrary to the Soft Drinks Regulations, 1964. The labels were obviously old, but it was discovered that the bottles were in fact of recent stock.

Among the list of ingredients printed on the label of a cream substitute was the term "mono and diglycerides" — not a specific description as required by the Labelling of Food Order. Correspondence with the manufacturers revealed that the ingredient was a mixture of three complex emulsifiers, each permitted by law.

INCORRECT DRUGS. The samples examined under the Food and Drugs Act are representative of those obtainable without a doctor's prescription. Specimens of drugs in this category numbered 612, of which 12 or 2.0 per cent. were classed as unsatisfactory. Drugs requiring a doctor's prescription such as barbiturate sleeping tablets, antibiotics, tranquilisers and hormones, are examined under the Birmingham Drug Testing Scheme (see later) and a complete "drug cover" is thus achieved.

A sample of boric lint had correct water absorbent properties but contained only 2.6 per cent. boric acid (limits are between 3 and 7 per cent.). A repeat sample, however, was genuine.

Glauber's Salt is a popular laxative consisting of sodium sulphate crystals, which should contain between 51.5 and 57.0 per cent. water of crystallisation but which easily "dry out" if poorly packed and stored. A packet of this salt examined had indeed dried out completely and contained less than 1 per cent. water.

Fruit flavoured vitamin tablets were stated to contain 4,000 units of vitamin A per tablet whereas only 2,000 units were present. Enquiries revealed that manufacture of the tablets had ceased owing to technical difficulties and that stocks would be recalled. Another similar vitamin preparation contained only 1,900 units of vitamin A compared with the 2,500 units declared. Appropriate action was taken.

The amount of aspirin present in a sample of aspirin tablets was not stated on the label, contrary to the Pharmacy and Medicines Act, 1941. This omission was a complete surprise to the pharmacist concerned and was quickly remedied.

Bismuth tablets were found to contain only 1.0 per cent. bismuth carbonate out of a total of 25 per cent. active ingredients, and therefore were considered not to justify the description "Bismuth". This objection had been taken up two years ago with the manufacturers, who had willingly agreed to change the description and modify the tablet formula. Our sample was undoubtedly old stock and the pharmacist concerned was advised of this fact.

The general condition of a sample of saccharin tablets was very poor. Some tablets were broken in two, others chipped and two different sizes of

tablet were present. Correspondence with the manufacturers revealed that “teething troubles” with the manufacture of the tablets had produced several unsatisfactory batches which had been recalled, though obviously not completely.

Some mouth ulcer tablets stated to contain 25 mg. of vitamin C were actually found to contain only 13·2 mg. Appropriate action was taken.

A sample of throat lozenges stated to contain 5 mg. benzocaine (a local anaesthetic) was shown to contain 9·1 mg. per lozenge. The manufacturers confirmed this fact and said that some **half** batches had been made, and then suggested that the active ingredients for a **full** batch might have been added. It was pointed out that accidents of that sort just should not occur.

The B.P. requires calamine lotion to give a residue on ignition of between 14·5 per cent. and 18 per cent. whereas a sample examined gave only 8·7 per cent. The remaining ingredients, glycerin, etc., were present in correct proportions. Correspondence with the pharmacist concerned revealed that about a dozen bottles at a time were filled from a large stock bottle brought from a reputable manufacturer. Possibly this stock bottle had not been shaken adequately before filling the smaller containers.

A sample of kidney pills manufactured abroad included a pamphlet reminiscent of advertising thirty of forty years ago. The pills were advocated for numerous complaints including the treatment of kidney and menopause ailments, gallstones and rheumatism. No product should be advertised for the treatment of these conditions (British Code of Advertising Practice — the Advertising of Medicines and Treatments) and, although there is no legal obligation relating to the sale of “Kidney Pills” labelled as such, it is hoped that manufacturers and pharmacists alike will voluntarily assist the public at large in this matter. In the present case the importers undertook to amend the product considerably.

A specimen labelled “Sleep Tablets” contained substances with antipyretic (fever reducing) and analgesic (pain relieving) properties, but the description “sleep” was judged to be much exaggerated and not justified. The manufacturers were notified to this effect.

Reference was made in the report for 1964 to a specimen of eye ointment found to contain a small fragment of metal. Your Committee decided to prosecute in this case and at the Court hearing a plea of “Guilty” was made and a fine of £10 inflicted.

Local Drug Testing Scheme. Samples examined were as follows:—

Standard Drugs	...	...	...	...	...	...	...	46
Miscellaneous	...	...	...	...	...	...	...	50
Pharmaceutical products prepared in hospitals	...	...	...	...	...	...	...	262
								<hr/> 358 <hr/>

Routine samples of standard drugs examined from retail pharmacies again showed that the good quality of drugs supplied to the City was being maintained.

Work commenced on the problem of so called “cheap drugs” in the autumn of 1964, was completed in 1965, and a report on the subject was published in April. The most disturbing results concerned specimens of tetracycline paediatric drops which showed gross deficiencies due to extremely rapid deterioration, and were without doubt due to faulty formulation by the manufacturer. It clearly illustrated a need for adequate quality control on drugs of foreign origin entering this country.

As the Birmingham scheme is now in its tenth year, it is interesting to recall some of the more important investigations undertaken since its inception. These include tablet disintegration, uniformity of weight of tablets and capsules, preparations required to be “freshly prepared”, metal particles in eye ointments, stock mixtures made in retail pharmacies, drugs of foreign origin, injections and manufactured drugs supplied to hospitals. All of these topics have been the subjects of communications to professional journals and clearly demonstrate the research nature of the scheme. Many other topics covered had never been studied before. A complete check on drugs available in any particular area must include those used in hospitals in that area. To this end 262 samples from eight Birmingham Hospital Pharmacies were examined in a special survey.

Miscellaneous Samples not taken under the Food and Drugs Act. These totalled 3,210 and were made up as follows:—

PUBLIC HEALTH DEPARTMENT							
Pasteurised and sterilised milks	...	...	...	...	...	...	1,228
Ice cream and ice lollies	...	...	...	...	...	...	286
Atmospheric pollution...	...	...	...	...	...	...	192
Waters ...	...	...	...	...	...	...	671
Samples submitted by Food Inspection Section	...	...	...	...	...	...	46
Miscellaneous	...	...	...	...	...	...	106
							2,529
OTHER CORPORATION DEPARTMENTS AND COMMITTEES							
Waters ...	...	...	...	...	...	...	268
Miscellaneous	...	...	...	...	...	...	136
							404
MISCELLANEOUS PRIVATE SAMPLES	...	...	...	...	...	...	277
							3,210

MILK, ICE CREAM AND ICE LOLLIES. The pasteurised and sterilised milks were examined for adequacy of heat-treatment and all passed the appropriate tests. Of the 255 ice-creams examined for labelling and composition, only two with minor labelling faults received adverse reports. The 31 ice lollies were examined for metallic contamination, all with negative results.

ATMOSPHERIC POLLUTION. On each of eight selected sites in central and suburban Birmingham devices are located to measure the two main types of pollution: solid sooty matter derived to no small extent from domestic coal fires; and gaseous sulphur dioxide, a product of combustion of the natural sulphur of coal, coke and oil. Results are passed to the Chief Smoke Inspector for statistical assessment, and also to the Director of the Warren Spring Laboratory for national record purposes. The pollution figures will be of value in following the progress of the Birmingham Smoke Control Programme which is being energetically pursued.

WATERS. The Public Health and Water Departments combined in submitting a total of 671 samples of water, mostly from various parts of the distribution systems of both Birmingham Elan Valley supply and the Whitacre supply to certain Midland towns. Fluoridation of the Elan Valley supply proceeded smoothly during the year and no difficulty was encountered in maintaining the silicofluoride dosage at the equivalent of 1 p.p.m. fluorine. Daily testing for fluoride is maintained.

SAMPLES OTHER THAN WATER. Forty-six samples of food were received from the Food Inspection Section for investigation and, of these, several were of especial interest. Unpleasant looking green matter in a can of pilchards proved to be the stomach and stomach contents of the fish, consisting of partially digested plankton. The bitter taste of a vegetable marrow was proved not to be from the use of pesticides, as was suspected, but to be a natural phenomenon due to reversion of species producing a bitter substance, "*cucumin*". The fault has been reported fairly frequently in marrows and cucumbers. Some canned loganberries had a bitter metallic taste. Toxic metals were absent but it was found that 59 p.p.m. of iron were present. Six further samples of different brands of the same kind of canned fruit gave iron contents of between 5 and 82 parts per million. Above about 50 p.p.m. of iron, a metallic taste was noticed.

MISCELLANEOUS. A specimen of imported rose hip syrup was found to contain only 5 mg. per fluid ounce of vitamin C. No statement of vitamin content or claim for vitamin C was made on the label, though in this country rose hip syrup is an important and popular source of vitamin C for infants and children, with a recognised standard commercial for vitamin C of a minimum of 2 mg. per ml. or 57 mg. per fluid ounce. Stocks of the unsatisfactory article were removed from sale.

Twelve assorted coloured crayons, a wooden toy set and seven samples of paint used to touch up wooden toys were all examined for the presence of harmful pigments, especially lead chromate.

A dense blackish deposit on the roof of a glass verandah was suspected of being caused by atmospheric pollution, yet nearby premises were unaffected. The deposit was identified as a very dark green alga — probably pleurococcus which grows normally as a thin incrustation on trees, stones, etc.

An excessive amount of mercury was detected in two specimens of urine thus confirming suspicions of mercurial poisoning.

Two samples of sugar contained 4·7 per cent. salt in one case and 12·2 per cent. in another. Parsley sauce made from a dry sauce mix was stated to be “gritty” — the fault was due to earthy matter from imperfectly cleaned parsley. Four pure vanilla extracts were found to contain coumarin, a flavouring substance from the tonka bean, and were therefore classed as adulterated.

OTHER CORPORATION DEPARTMENTS. A wide range of samples totalling 136 was received from other Corporation Departments, the greatest proportion (82 specimens) being received from the Central Purchasing Department. These were made up of cleaning materials, soap, detergents and scouring powders submitted for contract purposes.

PRIVATE INDIVIDUALS AND INSTITUTIONS. Eighty cases of suspected foreign matter in food were received during the year. Mould was present in samples as varied as bread, baked beans, cottage cheese and even kippers. Among the more interesting samples were those of beefburgers and steaklets, the complaint in each case being of sinister “cotton-like” fibres. In both cases the fibres were in fact natural fat tissue finely shredded from intensive mincing. Black particles in a proprietary vegetable concentrate were proved to be particles of metallic iron deliberately added as medicinal reduced iron. Where appropriate, samples were referred to the Food Inspection Section.

A very large number of organic chemicals are used in the numerous trades and industries of Birmingham and, from time to time, enquiries are made as to the toxicity of certain of them. One such enquiry concerned two complex organic chemicals used in the rubber industry for modifying vutyl rubber, and another was a cement dust containing oxides of iron, zinc and lead.

NEW PROPOSALS AND LEGISLATION. In 1964 the Food Standards Committee issued an invaluable report on food labelling and listed 72 recommendations aimed at improving the existing Labelling of Food

Order, 1953, and correcting certain deficiencies in other compositional food standard orders. As a result, during 1965 proposals were issued for a new Labelling of Food Order and revised regulations for salad cream, mayonnaise, butter, margarine, coffee, coffee mixtures, coffee extracts, ice cream and meat and fish pastes. The F.S.C. in its 1964 report also stated that it was issuing separately a report on food advertisement and label claims: this report has not yet appeared but is eagerly awaited.

Certain food additives received special attention in 1965 and resulted in proposals for revised regulations for antioxidants. The main changes recommended were halving of the permitted limit of antioxidant butylated hydroxy toluene (B.H.T.) and the banning of antioxidant in infant foods.

The struggle to obtain legislation for the control of meat products generally went a step farther during the year when long overdue proposals to make regulations for sausages, canned meat products and meat pies were issued.

The only major groups of food additives not controlled by law in this country are flavouring agents and solvents, and in 1961 it was announced that the Food Standards Committee had commenced a review of the subject. A report was issued in 1965, but dealt with flavours only. It was not considered possible at that time to compile a list of harmless flavours because of the hundreds of substances used and the lack of precise pharmacological knowledge of many. Instead, the Committee recommended as an interim measure that a non-permitted list of substances believed to have harmful properties should be drawn up, but that eventually regulations based on a **permitted** list, similar to the one now in operation in the U.S.A., should be introduced. The Committee listed 17 flavours of suspect toxicity, but only two of these coumarin and tonka bean (which contains coumarin), are at all likely to be met in food, the remaining 15 substances being obsolete from a flavouring point of view.

The only **new** food legislation issued during the year was the Dried Milk Regulations, 1965, replacing the Public Health (Dried Milk) Regulations, 1923 to 1948. The new Regulations are chiefly concerned with introducing certain new dried milk categories.

(b) **Public Health Laboratory**

Dr. J. G. P. Hutchison, Director of the Public Health Laboratory, has kindly supplied the following information: -

SPECIMENS EXAMINED FOR THE CITY OF BIRMINGHAM

FROM JANUARY 1ST TO DECEMBER 31ST, 1965

<i>Type of specimen</i>	<i>Totals</i>
Throat swabs	175
Swabs, various	326
Sputa for tubercle bacilli	103
Faeces for pathogenic organisms	2,694
Bloods for agglutination	189
Urines for pathogenic organisms	1,079
Milks for Hygienic assay	1,418
Milks for tubercle bacilli	50
Ice creams for hygienic assay	717
Synthetic creams for hygienic assay	276
Creams for hygienic assay	314
Waters for hygienic assay	1,655
Foodstuffs for pathogenic organisms	32
Shellfish for hygienic assay	73
Watercress for hygienic assay	2
Milk churns and containers for hygienic assay	79
Specimens for virus culture	350
Miscellaneous specimens	50
	<hr/>
	9,582
	<hr/>

VENEREAL DISEASES EXAMINATIONS FOR BIRMINGHAM

FOR YEAR ENDING DECEMBER 31ST, 1965

<i>Specimens</i>	<i>Examinations</i>
Bloods 36,295	For Wassermann Test ... 31 282
	„ Gono. Fixation Test ... 738
	„ Kahn Test ... 17,327
	„ Laughlen Test ... 43
	„ Reiter Protein C.F. Test 226
	„ Paul Bunnell Test ... 10
C.S. Fluid 402	For Wassermann Test ... 402
	„ Cell count ... 172
Films 13,454	For Gonorrhoea ... 13,454
Cultures 13,330	„ Gonorrhoea ... 13,330
	„ Sensitivity ... 114
	<hr/>
TOTAL 63,481	TOTAL 77,098
	<hr/>

Blood specimens for Wassermann Reactions, examined during the Year ending December 31st, 1965, from Birmingham Ante-Natal Centres and Maternity Hospitals.

	<i>Number of Specimens</i>	<i>'Diagnostic' Reactors</i>
From Ante-Natal Centres	3,762	13
„ Maternity Hospitals	7,508	55

TUBERCULOSIS

Notifications

The number of new notifications in 1965 was 673, the lowest total ever recorded. The figures in Table 1 show that there has been a reduction of 69 compared with 1964, and a fall of more than 600 in the yearly total since the high figures experienced in the ten years after the War. The fall over the past ten years is, therefore, very nearly 50 per cent. The notification rate is also a new low record at 0.61 per 1000.

TUBERCULOSIS IN IMMIGRANTS

The trend of tuberculosis notifications is so greatly influenced by the high proportion of notifications in immigrants and the rapid changes in them, that it is necessary to discuss these influences first, (Table 8). Of the 673 persons notified in 1965, 265 (39 per cent.) were born outside the British Isles and a further 73 (11 per cent.) were born in Ireland. The diagram 1 contrasts this with the situation in 1956, when only 79 individuals (7 per cent.) from a much larger total of notifications were born outside the British Isles. If there had been no large-scale immigration from Asia in the past 10 years, the total of notifications would now not exceed 450, that is one-third of the number 10 years ago instead of one-half.

The notifications of immigrants do not follow the same pattern as for those born in this country: the majority of immigrants, especially from Asia, are males of working age, and the greatest number of notifications of immigrants is therefore of males age 15-45 years. However, a noteworthy feature of 1965 has been the increase in notifications in females born overseas. This is especially noticeable amongst Indians, amongst whom there were as many women notified as men; there were 36 Indian women notified in 1965 compared with 18 in 1964 and 13 in 1963. This is no doubt due to the increasing tendency for Indians to bring their wives and families to join them in this country. This pattern was present in the Pakistanis also, though to a much lesser degree; male notifications greatly exceeded female, but the 18 Pakistani females notified in 1965 show an increase over the numbers for the two preceding years, (9 in 1964, 3 in 1963).

Notifications in children declined to a considerable degree, only 81 notifications being received; this total has only once previously been below 100. A special analysis has been made of the place of birth of parents of children notified in 1965. In Table 9 the main analysis is by place of birth of parents, children of mixed parentage being classified by the place of birth of the parent born abroad: the marginal figures show the number of notified children born in the United Kingdom. Of the 81 children, 36 had one or both parents born abroad, but only 16 were themselves born abroad, 13 of them in Asia. There is a not unexpected relationship with age, all but one of the under-fives being born in this country, while all 13 Asians and both West Indian children aged 5-14 years when notified were born outside the British Isles.

PLACE OF BIRTH OF PERSONS NOTIFIED IN 1956 & 1965

BORN IN BRITISH ISLES

BORN ELSEWHERE

1057	79
------	----

— 1956

408	265
-----	-----

— 1965

RESPIRATORY TUBERCULOSIS

The decline in notifications occurred wholly in the respiratory form, the notifications being reduced from 633 in 1964 to 563: the notification rate came down from 0.57 to 0.51 per 1000.

The considerable reduction in childhood notifications has already been mentioned. There was a small increase in the number of notifications at age 15-19 years in both sexes: this is probably due to immigration of younger relatives of Asians already in Birmingham. From age 20 years up to 60 years the number of notifications shows no considerable change in males, the decline in notifications of the lifetime residents being counter-balanced by the increase in notifications of immigrants. There was also little change amongst females 21-65 years, the small increase at age 25-44 years being accounted for by notifications of immigrants.

Amongst those over 65 years the number of notifications declined in each sex: the fall in notifications in older men is particularly welcome, as this is a group which has shown relatively little improvement in recent years.

NON-RESPIRATORY TUBERCULOSIS

There was no fall in the number of persons notified as suffering from non-respiratory forms of tuberculosis. The age and sex distribution is given in Table 5, and the types of disease in Table 6. In both respects the pattern is very similar to that in recent years, the largest group of cases being of lymphatic tuberculosis in persons aged 20-44 years; a very high proportion of these cases are Asian immigrants.

BACTERIAL DRUG RESISTANCE

The following table adds the results for a further year to those given for the first time in the report for 1964. Because of the time lag of three months before the final results are available, these figures have to be recorded a year in arrears.

	<i>Number of patients first found to be excreting drug-resistant bacilli</i>		<i>Number of patients continuing to excrete drug-resistant bacilli for more than 1 year</i>
	<i>On diagnosis</i>	<i>During or after treatment</i>	
1956	7	90	—
1957	13	101	46
1958	8	39	67
1959	7	19	61
1960	10	18	67
1961	12	29	47
1962	9	15	45
1963	6	16	41
1964	11	19	31

The number of patients continuing to excrete drug-resistant bacilli for more than one year was reduced by the end of 1964 to 31. These are the 'chronic infectors' who are liable to form a reservoir of a dangerous type of infection and it is satisfactory to see the number declining. There was a slight increase in the number of patients found to be excreting resistant organisms after treatment from 16 to 19, but some fluctuation is to be expected in these small numbers.

The number of patients excreting resistant organisms on diagnosis also increased, from 6 to 11. Of the 11 new cases in 1964, only 3 were born in the British Isles and the remainder were immigrants mostly from Asia. It is most disturbing to observe the introduction of this dangerous form of infection and there is nothing that can be done within the City to prevent the occurrence of such cases. The most that can be done is to diagnose and treat these cases as soon as possible after arrival and hope thereby to prevent spread. It is greatly to be hoped that adequate measures are being developed in relation to immigration procedure to prevent the introduction of further cases, especially of drug-resistant infections.

Mortality

The number of deaths attributed to tuberculosis in 1965 was 50, fifteen less than in 1964, and substantially below the figures for all previous years. The tuberculosis death rate was 0.05 per 1000, also a new low record.

RESPIRATORY TUBERCULOSIS

The majority of the deaths were from respiratory tuberculosis: 46 in total. There were no deaths from respiratory tuberculosis under age 25 years and only 3 deaths in the age group 25-44 years. The largest number occurred in the older age-group, 32 males over age 44 years and 11 females.

NON-RESPIRATORY TUBERCULOSIS

The number of deaths was unchanged at 4. There was again one death from tuberculous meningitis in a female child aged 6 months. One other death was also due to meningitis, a female aged 50 years. The other two deaths were attributed to renal tuberculosis, a female of 61 years and a male of 47 years.

DEATHS OF PERSONS NOT NOTIFIED BEFORE DEATH

There was mention of tuberculosis on the death certificates of 38 persons who died in the year, and who had not been notified as suffering from tuberculosis. For 26 of these no formal notification was received even after death. In 21 of the 38, tuberculosis was not recorded as the main cause of death, leaving 17 deaths attributed to tuberculosis for whom no notification had been received prior to death.

Tuberculosis Health Visitors

The number of tuberculosis health visitors fell during the year from eight to seven. Their work continued on the revised pattern described in the Report for 1964, the emphasis being on tracing the greatest possible number of contacts for all newly notified patients and the supervision of chemotherapy for those on treatment at home.

Towards the end of the year, a limited trial was started of general duty health visitors carrying out the tuberculosis work in one small area of the City. It is too early to report results.

A total of 575 first visits were made to patients' homes, arranging for the examination of 3,149 contacts; although the number of first visits is less, the number of contacts dealt with is greater, indicating that the search among contacts is becoming more intensive. Follow-up visits numbered 17,221; a further 1,563 visits were made to homes to arrange examination of household contacts of children giving large reactions to tuberculin when tested at school, and also to arrange the examination of recent child immigrants and in connection with B.C.G. vaccination of babies born to Asian households.

At the Chest Clinic 1,604 contacts were x-rayed and 1,929 were x-rayed at the Chest Radiology Centre.

Material help was arranged for patients in the following ways:-

Issues of beds, bedding and nursing materials	...	...	...	32
Food grants (free milk)	...	...	...	656
Grants of clothing, etc. (Tippett's Bequest)	...	...	...	25
Disinfections	...	...	...	11

In each case the number assisted is less than in previous years.

Rehousing

Assistance with rehousing was given both by additional points on health grounds and from the special quota of homes for tuberculous families. The number of applications considered increased slightly to 410, and the number given additional points also increased slightly to 274. This led to an increased number, 97, being rehoused in this way. The number of recommendations for rehousing from the special quota fell to 59, 39 families actually being rehoused. The total number of families actually rehoused was almost unchanged at 136.

Rehabilitation

With the continuing fall in the number of new cases and the effectiveness of treatment, the number of patients needing help with return to work is falling steadily. Only 33 were seen by the Disablement Resettlement Officer during the year, a further 202 being helped by written reports on their capacity for work. There were no new admissions to the Remploy factory, but 6 left. At the end of the year there were 44 patients at the factory but only 12 were restricted to the special annexe for tuberculous patients.

Twelve patients completed courses at the Industrial Rehabilitation Unit, with a further 3 still attending at the end of the year. Two patients completed courses at Government Training Centres.

TABLE 1

TUBERCULOSIS—ALL FORMS

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1965

	<i>Primary Notifications</i>	<i>Rate per 1,000 population</i>	<i>Deaths</i>	<i>Rate per 1,000 population</i>
1901—1910 (average)	—	—	1,309	1.65
1911—1920 („)	—	—	1,284	1.46
1921—1930 („)	1,824	1.91	1,031	1.08
1931—1940 („)	1,284	1.24	888	0.85
1941—1945 („)	1,258	1.29	793	0.82
1946—1950 („)	1,308	1.21	660	0.61
1951—1955 („)	1,321	1.18	292	0.26
1956	1,136	1.02	161	0.15
1957	973	0.88	145	0.13
1958	1,039	0.95	143	0.13
1959	793	0.73	104	0.10
1960	870	0.80	88	0.08
1961	809	0.73	82	0.07
1962	757	0.68	80	0.07
1963	725	0.65	84	0.08
1964	742	0.67	65	0.06
1965	673	0.61	50	0.05

TABLE 2

RESPIRATORY TUBERCULOSIS

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1965

	<i>Primary Notifications</i>	<i>Rate per 1,000 Population</i>	<i>Deaths</i>	<i>Rate per 1,000 Population</i>
1901—1910 (average)	—	—	993	1.25
1911—1920 („)	—	—	1,059	1.20
1921—1930 („)	1,533	1.61	892	0.94
1931—1940 („)	1,082	1.05	793	0.76
1941—1945 („)	1,096	1.13	712	0.73
1946—1950 („)	1,151	1.07	608	0.56
1951—1955 („)	1,183	1.06	272	0.24
1956	1,029	0.93	150	0.14
1957	844	0.77	134	0.12
1958	926	0.85	137	0.13
1959	704	0.64	96	0.09
1960	778	0.71	79	0.07
1961	705	0.64	76	0.07
1962	671	0.60	74	0.07
1963	625	0.56	75	0.07
1964	633	0.57	61	0.06
1965	563	0.51	46	0.04

TABLE 3

NON-RESPIRATORY TUBERCULOSIS

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1965

	<i>Primary Notifications</i>	<i>Rate per 1,000 Population</i>	<i>Deaths</i>	<i>Rate per 1,000 Population</i>
1901—1910 (average)	—	—	317	0.40
1911—1920 („)	—	—	224	0.26
1921—1930 („)	290	0.31	139	0.14
1931—1940 („)	202	0.19	90	0.09
1941—1945 („)	162	0.16	81	0.09
1946—1950 („)	157	0.15	52	0.05
1951—1955 („)	139	0.12	20	0.02
1956	107	0.10	11	0.01
1957	129	0.12	11	0.01
1958	113	0.10	6	0.01
1959	89	0.08	8	0.01
1960	92	0.08	9	0.01
1961	104	0.09	6	0.01
1962	86	0.08	6	0.01
1963	100	0.09	9	0.00
1964	109	0.10	4	0.00
1965	110	0.10	4	0.00

TABLE 4

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS BY SEX
AND AGE GROUP

<i>Age Group</i>	<i>Males</i>					<i>Females</i>				
<i>Years</i>	<i>1953/55</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1963/65</i>	<i>1953/55</i>	<i>1962</i>	<i>1963</i>	<i>1965</i>	<i>1963/65</i>
	(<i>Mean</i>)				(<i>Mean</i>)	(<i>Mean</i>)				(<i>Mean</i>)
0—4	39	21	31	15	22	32	14	25	24	21
5—9	34	16	21	11	16	36	12	18	10	13
10—14	29	13	14	5	11	29	14	11	7	11
15—19	64	16	9	16	14	75	13	8	12	11
20—24	64	47	54	35	45	73	16	20	19	18
25—34	114	98	92	95	95	112	33	26	34	31
35—44	101	79	74	60	71	53	26	24	31	27
45—54	112	70	72	76	73	30	17	15	12	15
55—64	92	66	56	56	59	23	10	16	11	12
65+	34	36	38	28	34	14	8	11	6	8
All Ages	683	462	461	397	439	477	163	174	166	168

TABLE 5

NOTIFICATIONS OF NON-RESPIRATORY TUBERCULOSIS
BY SEX AND AGE GROUP

<i>Age Group</i>	<i>Males</i>					<i>Females</i>				
<i>Years</i>	<i>1953/55</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1963/65</i>	<i>1953/55</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1963/65</i>
	(<i>Mean</i>)				(<i>Mean</i>)	(<i>Mean</i>)				(<i>Mean</i>)
0—4	5	3	2	2	2	8	3	0	1	1
5—9	12	3	5	1	3	7	1	3	2	2
10—14	5	1	2	3	2	7	5	3	0	3
15—19	6	2	2	4	3	10	2	5	2	3
20—24	9	10	7	8	8	11	3	4	7	5
25—34	14	24	26	23	24	15	5	8	12	8
35—44	3	17	12	13	14	6	7	6	10	8
45—54	5	3	6	9	6	4	3	3	4	3
55—64	2	1	3	2	2	2	4	1	4	3
65+	2	0	4	1	2	2	3	7	2	4
All Ages	63	64	69	66	66	72	36	40	44	40

TABLE 6

NOTIFICATION OF NON-RESPIRATORY TUBERCULOSIS BY SITE OF DISEASE (ALL AGES, BOTH SEXES)

Disseminated	...	...	...	...	...	...	...	2
Meningitis	...	...	...	...	...	...	...	3
Bones, joints and spine	...	...	...	...	...	...	...	10
Abdomen	...	...	...	...	...	...	...	27
Other organs, including glands	...	...	...	...	...	...	...	68
TOTAL	...	...	...	...	...	...	...	110

TABLE 7

DEATHS FROM RESPIRATORY TUBERCULOSIS BY SEX AND AGE GROUP

Age Group						Males	Females
Years							
0-4	...	...	...	...	...	0	0
5-14	...	...	...	...	...	0	0
15-24	...	...	...	...	...	0	0
25-44	...	...	...	...	...	2	1
45-64	...	...	...	...	...	22	5
65+	...	...	...	...	...	10	6
ALL AGES	...	...	...	...	...	34	12

TABLE 8

PLACE OF BIRTH OF INDIVIDUALS NOTIFIED AS SUFFERING FROM TUBERCULOSIS IN BIRMINGHAM

		1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
<i>British Isles</i>											
England	...	886	660	706	546	550	513	455	411	394	316
Scotland	...	19	12	9	7	13	12	14	12	9	10
Wales	...	20	18	16	17	13	9	10	22	12	9
Ireland	...	132	128	153	90	124	97	91	81	83	73
<i>Rest of Europe</i>	...	13	12	13	7	9	8	9	6	8	8
<i>Asia</i>											
India	...	26	29	31	22	21	17	26	39	56	73
Pakistan	...	19	33	60	59	91	90	109	111	132	137
Others	...	6	12	16	10	1	12	6	14	13	12
(All Aden)											
<i>Africa</i>	...	4	4	4	1	2	4	3	5	4	4
<i>America</i>											
West Indies	...	9	12	12	14	27	25	20	11	15	26
Others	...	1	2	3	0	1	0	0	1	1	0
<i>Not Known</i>	...	1	51	16	20	18	22	14	12	15	5
TOTALS	...	1,136	973	1,039	793	870	809	757	725	742	673

TABLE 9

NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS)
IN CHILDREN IN BIRMINGHAM 1965

<i>Place of birth of parents</i>			<i>Age group of children notified (years)</i>				<i>No. of children born in U.K.</i>
			<i>0-4</i>	<i>5-9</i>	<i>10-14</i>	<i>0-14</i>	
U.K. ...	...	...	23	17	5	45	45
Ireland ...	...	...	4	2	1	7	6
Pakistan ...	...	...	1	3	3	7	0
India ...	...	...	8	1	5	14	8
British Caribbean ...			6	1	1	8	6
			42	24	15	81	
No. of children born in U.K. ...			41	18	6	—	65

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22 – National Health Service Act, 1946)

DAY NURSERIES

On the 1st January, 1965 there were 955 places in the 20 day nurseries. The number of places has been reduced by five during the year as the second floor conversion of Carnegie Welfare Centre to a day nursery, as a replacement for the one in Monument Road, accommodates five less children. As yet the new day nursery at Monument Road has not been built although plans have been prepared.

There has been no change in the order of priorities and fees have been slightly increased. The number of priority children on the waiting list on the 31st December, 1965 shows a slight decrease on the number on the same date in 1964. However, this is in no way significant as applications for priority and non-priority admissions showed a very marked increase on the average over the previous year and this is especially so in day nurseries in the middle ring areas. With better selection of children in need, the non-priority places have been reduced and priority placings increased. Even amongst 95 non-priority children on the registers at the end of the year there were a number of cases who were in need of priority admission but not exactly classifiable as Priorities I. or II., they were admitted on the advice of general practitioners or psychiatrists on account of their mothers' mental ill-health and a need to re-orientate herself in new surroundings.

The Ministry's Inspectors visited Camden Street, Cartland Road, Carnegie, Park Road and Kingston Road Day Nurseries and were satisfied with the standard of nursery nurse training.

Outbreaks of infectious illnesses, especially measles and whooping cough, have been prevalent and have reduced the average daily attendance. Towards the end of the year an outbreak of chickenpox affected most nurseries. A case of primary tuberculosis at each of two day nurseries stopped new admissions for a considerable period.

Handicapped Children

Most of the day nurseries accommodate one handicapped child – that is to say a child with a moderate to severe degree of mental or physical handicap, as all day nurseries admit children with minor handicaps.

Again the giving of case histories cannot be resisted this year as the improvement in some of these children is so dramatic.

A four year old child with congenital dislocation of the hip, further handicapped by a brain injury following a forceps delivery, was admitted to a nursery in August, 1965. He had very little sense of balance, could not climb the stairs and was not toilet trained. His

communication was poor and little understood at first by the nursery staff. It was necessary to repeat everything to him many times before he understood and, as he was of a placid nature, he was unable to assert himself amongst the other children. In less than four months this child could climb up and down stairs without assistance and play with large nursery equipment. He does not, as yet, mix readily with other children, is no longer placid but determined, and can hold his own in play groups and does not hesitate to demand his share of all the toys. He is almost toilet trained. Music and painting are his special interests and his determination to know of life around him is shown by his interminable "why's" to everything that is said and done.

Another three year old was admitted in April, 1964. This child was mentally retarded and could only repeat single words in a very disconnected way. Her communication was poor to non-existent; she was not toilet trained and was unable to feed herself. Her days at first were spent ceaselessly rocking herself to and fro with frequent temper tantrums, during which she screamed and tore her hair and clothes. After only a short period in the nursery her general improvement was surprising, she began to string words together and hold sensible conversations with staff. Her toilet habits improved and she is becoming socially acceptable. It is now rare for this child to have tantrums, she feeds herself well and has normal likes and dislikes of food. She plays interestedly with outdoor equipment but cannot concentrate on indoor toys, apart from books and pictures with which she has a peculiar fascination. When corrected she tends to sulk and occasionally she is spiteful to the other children but on the whole has made great strides in adjusting socially.

There are several mongol children in City day nurseries – these children adjust fairly quickly on the whole. However, the boisterous, rather tempestuous hyperkinetic mongol is a problem, especially when day nurseries are short staffed.

This experiment, not peculiar to Birmingham, of taking in a handicapped child is so very rewarding and there are so many handicapped children that the choice of a child for admission can assume the proportions of a moral problem. It happens that some children have to be refused who might have reached a moderately high standard of social conformity, thus relieving an anxious household. However, the practicalities of the situation demand that only one severely handicapped child may be admitted.

Courses and Study Days

One nursery matron attended the Annual Conference of the National Association of Nursery Matrons. The Superintendent of Day Nurseries

attended a conference at Birmingham University on "Reform of Nursery Education" and at Nottingham University to discuss the National Nursery Examination Board syllabus.

Nursery Students

The two year course continues: 16 students entered the examination in July and 15 passed. A further 16 entered in November and 15 passed.

Nurseries and Child Minders Regulation Act, 1948

During the 12 months ending 31st December, 1965 the number of new registrations does not continue the increase of recent years. This is partly because the standards of many of the premises occupied by applicants have been so low that child minding could not be tolerated. Again, it has been the policy of the Health Committee, where an unregistered minder has been visited on a complaint and where the conditions are slightly sub-standard but equal to those of the neighbourhood, to encourage her to reach an acceptable standard by constant visiting and teaching so that she may be registered. Of those visited in these conditions few were so slightly substandard as to warrant this method of approach and the usual warning letters of intent to prosecute were sent if unregistered minding continued.

The work, however, has increased as there have been more complaints, anonymous and otherwise, of unregistered minding and consequently more visits. Over 1,000 routine visits were paid and 629 special visits by reason of complaints and new applications. Even these figures do not give a full picture of the work involved.

Forewarning obviously nullifies the value of inspections, consequently two or three calls may be necessary to gain admittance. It is obvious that frequent visiting is the only solution at present to maintain unregistered minding within bounds and prevent it being a major social evil.

Most of the special visits were to those living in multi-occupied houses where the immigrants are a problem. The present Act is difficult to administer. Many of the immigrant population have become aware, to some extent, of the provisions of the Act, in that when suspected of unregistered minding they claim the children are relatives, or they have been left by a neighbour while she goes shopping or to the hospital (sic) or that no money is passed for minding. To control a situation such as this, a person would need to stay outside the suspected home all day on guard to question all who come and go with children and note the time that the children stay. This type of surveillance could occupy a number of Health Dept. Employees each day and staff are not available for such duties. During the year 64 letters of warning of intent to prosecute were sent to suspected cases of unregistered minding. Follow-up visits were paid and,

in each case, the suspected person had ceased to undertake daily minding. However, it is not known how many of those engaged in unregistered daily minding resume after a period of time or at a different address.

In general the situation has deteriorated during the year, particularly in multi-occupied houses, where only two children are minded in pitiful conditions where it is not within the power of the Public Health or Children's Departments to intervene. Unguarded and unprotected heaters and oil storage in these houses are a menace to child life. The unhygienic state of kitchens and back yards is a hazard to child health. The prevalent habit of putting a feeding bottle in a baby's mouth while it lies in a pram or cot, with the resultant risk of an inhalation pneumonia or asphyxia, are constant problems.

One cheering factor has been the increase in the number of play groups. Meetings of play group leaders and other interested parties have been held at the Public Health Department with the intention of welding them into an enthusiastic force concerned about child welfare. These meetings have been successful and, towards the end of the year, applications for registration of play groups have markedly increased.

Two factories are now running their own day nurseries for employees' children and several other manufacturing concerns show interest. Unless, however, they have suitable premises, the cost of adaptations is high. There is still unceasing competition for all types of female labour in the City with a consequent high demand for places at childminders' and day nurseries

Registered Minders and Private Nurseries

	<i>Persons</i>		<i>Premises</i>	
	<i>Number Registered</i>	<i>Places</i>	<i>Number Registered</i>	<i>Places</i>
As at 1.1.65	211	1,033	34	740
New applications ...	93	462	10	227
Applications for registration of additional places	4	4	3	25
Resignations	54	241	1	10
Registrations cancelled	2	12	—	—
As at 31.12.65	248	1,246	43	982

Included in the number of premises registered are 27 play groups with 551 places.

CITY DAY NURSERIES

(1) NUMBER OF CHILDREN ON DAY NURSERY REGISTERS

	<i>0— year</i>	<i>1— years</i>	<i>2—5 years</i>	<i>Total</i>	<i>Average daily attendances</i>
1st January, 1965	136	227	593	956	747·1
31st December, 1965	143	251	557	951	722·8

(2)

ANALYSIS OF CHILDREN ON REGISTERS

GROUP 1. Children whose mothers are the main or sole support of the home and children whose mothers are ill, etc.

Unmarried mothers	...	...	...	...	...	442	
Widows	...	...	...	...	...	28	
Women separated from husbands	...	...	...	...	...	209	
Husbands in prison	...	...	...	...	...	13	
Husbands sick or disabled	...	...	...	...	...	23	
Mother's long term illness	...	...	...	...	...	34	
Mother's short term illness	...	...	...	...	...	14	
Mother's confinement	...	...	...	...	...	4	
Mother dead	...	...	...	...	...	7	
Mother's desertion	...	...	...	...	...	26	
						<u>800</u>	800

GROUP 2. Children requiring admission for reasons of health or normal development, etc.

National Service, deaf or blind parents, financial difficulties, etc.	...	...	...	...	...	15	
Housing	...	...	...	...	...	13	
Problem families	...	...	...	...	...	3	
Handicapped children or children failing to progress normally	...	...	...	...	...	21	
						<u>52</u>	52

GROUP 3. Non-priority cases	...	...	...	...	95	95
Out-of-City cases	...	...	...	...	4	4
					<u>99</u>	<u>951</u>

NUMBER OF CHILDREN ON WAITING LISTS

			0— <i>year</i>	1— <i>years</i>	2—5 <i>years</i>	<i>Total</i>
1st January, 1965						
Priority	...	...	137	138	165	440
Non-priority	...	...	129	189	250	568
31st December, 1965						
Priority	...	...	118	134	159	411
Non-priority	...	...	127	189	254	570

CARE OF THE UNMARRIED MOTHER

The total number of illegitimate babies born in the City to residents was 2,233, the smallest number in five years. The proportion of illegitimate live births was 103.6 per 1,000 as compared with 105.33 in 1964. The reasons are probably twofold, the proportion of illegitimate births usually declines with the birth rate; secondly there are fewer West Indian immigrants coming into the City with the general decrease in immigration and as many of this community live in common law marriages, the number of illegitimate children registered has fallen. Furthermore, it is now becoming the custom for these couples to undergo a civil ceremony of marriage.

The trends since 1958 are given in the following table:-

Year	(1) <i>Proportion of live illegitimate births per 1,000 live births</i>	(2) <i>Death rate of illegitimate infants</i>	(3) <i>Mothers interviewed at Public Health Department</i>	
			<i>Mothers with one illegitimate baby</i>	<i>Mothers with more than one illegitimate baby</i>
1958	64.70	39.30	517	284
1959	67.80	42.52	540	266
1960	76.77	30.11	664	386
1961	89.23	28.02	762	598
1962	102.30	31.65	856	731
1963	104.08	35.71	764	597
1964	105.33	29.26	666	623
1965	103.59	30.04	606	655

During 1965 there were 1,362 expectant mothers seeking advice and help at the Health Department as compared with 1,410 in 1964 and 1,549 in 1962. Of these 606 were having their first baby, 655 had one or more illegitimate children already and 101 were married women. There were 37 girls under the age of consent and 69 were aged 16. The number of West Indian girls who applied was 338 compared with 404 in 1964 and 598 in 1963 – this number has been gradually decreasing from 1962 which was the peak year. Of these West Indian girls, one was pregnant on arrival in this country – again a very marked decrease from 1962 when the peak figure was 29.

The pressure on mother and baby homes was not as great as in 1964 except in the months of March and April. To permit the mother to return to work when the child is going forward for adoption, the Health Committee guarantees financial responsibility when the child is placed with a foster mother. It is to the credit of these girls that only in one instance had the Health Committee to make a contribution.

On the whole the unmarried mother with her baby does not make a good lodger – her landlady needs to be most understanding as the girl is so sensitive to any criticisms. Often, indeed, when she returns to work there may be a period when she becomes restless, slightly embittered and shows a defensive aggression. She moves from accommodation to accommodation. It is difficult to prepare a girl, when at a mother and baby home, for a life where experience is the only teacher. Many are unable to make realistic decisions. It is impossible for the girl to see the difficulties that will surround her when she is alone with her baby in a rented room or flat. Her love for the child blurs the fact that she will have to contend with working all day, possibly after broken sleep with the child; she will have to contend with shopping, cooking, and cleaning her room. She senses a feeling of isolation and loneliness in what appears to her a world of companionship and gaiety. In a Home she will make impracticable plans and talk vaguely of shared flats, often with a girl of different background. Their parents are greatly concerned at these suggestions as it is always the other girl who will lead their daughter “astray” again. The only rational solution is flats or bed sitters in hostels where a sharing of a common problem and companionship can often lead to a solution of that problem. In the context of the problem of the unmarried mother the major ‘sin’ is the regard in which society, many members of which have feelings of guilt, holds her. Whatever the circumstances, a single mother is having to go alone through an experience which should be shared, and all her deeper emotions demand a partner for that sharing. This experience can be so fundamental and disturbing that the girl’s attitude to life, to her child and to men may change. Indeed, her attitude towards future marriage can be affected, in some instances disastrously and beyond mending, unless society, of which we are all members, has adequate concern. However, it is heartening to see that many girls with an illegitimate child marry a young husband who is not the father of the child and who, apparently, has not the Victorian attitude of total condemnation of happenings which, to many not attempting to understand, are unforgivable.

Since 1958 the following number of girls, aged 16 and under, came to the Department for help:—

1958	...	...	...	...	33	1962	...	...	...	...	120
1959	...	...	...	...	66	1963	...	...	...	...	123
1960	...	...	...	...	39	1964	...	...	...	...	138
1961	...	...	...	...	110	1965	...	...	...	...	106

Beechcroft Mother and Baby Home

This Mother and Baby Home is the responsibility of the Health Committee and is non-denominational.

During 1965, 86 mothers were admitted and 77 discharged. Seventy-seven babies were admitted and 65 discharged. This is a decrease on last

year's figures and can only be attributed to delay in adoption procedures. The general health of babies and mothers was good with no outbreaks of infection. Six mothers were discharged before their babies were born and one mother absconded, leaving her baby. Two babies were admitted to hospital, one for an orthopaedic operation and the other to East Birmingham Hospital, where it died from a virus infection. There were 19 babies adopted, five of whom were through a third party. Of the remainder, 19 were discharged home with their mother and two to a housing hostel; 16 to foster homes; two to residential care; one to a domestic post with the mother and one baby failed to pass for adoption and is being fostered. Finally, three mothers married and their babies were accepted.

Denominational Homes

Our gratitude is expressed to the proprietors, matrons and nursing staff of these homes, without whose help the problem of accommodation would be very difficult indeed. In all, 151 unmarried mothers were accommodated in three homes both in and out of the City.

MATERNITY AND CHILD WELFARE CENTRES

The total number of welfare centres, including Nechells Green Health Centre, remained at 52. The welfare centre at Wellington Road, Edgbaston, closed on the 27th January and re-opened at 66 Midford Grove on the 1st February. The new centre premises are contained in a maisonette sited in the midst of the Lee Bank housing development scheme. The welfare centre in St. Basil's Church Hall moved to 10 Templefield Street on the 29th March. A particularly successful new venture was the closure of the welfare centre in Sisefield Road and the opening of a combined welfare centre and general practitioners' surgery at 97 Hillmeads Road on the 11th October. These premises serve the Primrose Hill estate, Kings Norton, and two general practitioners, the health visitor and midwife are able to work together in close co-operation. Adaptations were made to the building at 395 Monument Road which became a combined clinic for maternity and child welfare and school health on the 18th October. The three subsidiary clinics continued weekly at Elmwood Congregational Church school room, Handsworth Wood, and St. Augustine's Church Hall, Edgbaston, and fortnightly at Culmington Hall tenants' room, Longbridge.

At all the welfare centres the number of sessions, including antenatal clinics, at which a medical officer was available for consultation, totalled 5,574 compared with 5,518 in 1964. There were 1,268 health visitors' advisory clinics as compared with 1,282 in 1964. During the year a total

of 406 children living outside the City attended local authority clinics and 177 attended the general practitioners' clinics held at welfare centres. Attending general practitioners' antenatal clinics in welfare centres there were 85 individual mothers who were living outside the City.

There were 66 parents' evening meetings held at welfare centres and 1,665 attendances were made – an average of 26 per meeting.

Mothercraft classes were taken by health visitors at antenatal clinics at Birmingham Maternity, Queen Elizabeth, Selly Oak, Dudley Road and Lordswood Hospitals.

The Regional Hospital Board, voluntary organisations and other departments of the Corporation continued to use our welfare centre premises. Consultants from Hollymoor Hospital held 54 psychiatric outpatient clinics at Greet Centre. Birmingham Council for Old People continued their day centres for old people weekly at Acocks Green, twice weekly at Stirchley and a new day centre opened weekly at Kingstanding centre in November. The Women's Voluntary Service ran a weekly Darby and Joan Club and a twice weekly dinner club at Farm Road centre. Their family clubs continued weekly at Carnegie, Highfield Lane, Kings Heath, Maypole and Yardley Wood centres. Attendances at the W.V.S. family clubs continued to be high at these centres, but not at Erdington and East Meadway centres which closed during the summer. The Birmingham Association for the Sheltered Employment of the Elderly used accommodation daily provided at Small Heath and Bromford centres.

The Birmingham Society for Mentally Handicapped Children held weekly sessions for groups of handicapped children at Yardley Wood and Erdington centres – 67 sessions in all. In addition, the health visitors at Farm Road and Oscott School Lane centres have held weekly training sessions for similar groups of children. They have appreciated the voluntary help that has been so valuable to them with these children.

A total of 351 sessions was held by the Family Planning Association which opened three new sub-clinics during the year at Handsworth, Selly Oak and Small Heath centres. Seven of the welfare centres had weekly clinics and one a twice weekly clinic for family planning.

The Welfare Department used Erdington centre for 102 sessions of occupational therapy for handicapped persons, and 19 social afternoons for blind persons were held at Northfield centre until June when larger premises were obtained. Lancaster Street centre continued to be used for the examination of registered blind persons. The Probation Service ran a weekly report centre at Wentworth Road centre. The Education Department speech therapy sessions at Lea Hall and Kingstanding centres totalled 184.

During the year the Children's Department opened weekly family advice centres at Northfield, Nechells Green Health Centre, Balsall Heath

and Carnegie. These have proved to be rewarding sessions with the child care officer in attendance and families on the area have made good use of the time allotted to them.

The play groups for pre-school children expanded during the year and twice weekly groups were held at Mapledene, Wentworth Road, Handsworth, Highfield Lane and Maypole centres. Three hundred and twelve sessions were given to this work.

Physical activity classes for the elderly were held weekly at Quinton Lane, Greet, Carnegie, Erdington and Weoley Castle centres. A total of 2,747 attendances was made by elderly people – mostly ladies – at these classes. The physiotherapist visited each group in turn to introduce new exercises and dances. The classes continued to grow in popularity and members enjoyed summer outings and Christmas parties arranged for them.

Treaford Lane centre club for old age pensioners continued its weekly meetings throughout the year with an average attendance of 45 per session.

Nechells Green Health Centre

The staff of the health centre comprised eight general practitioners working from six practices, one full-time and one part-time district nurse, six health visitors, one health visitor specialising in geriatrics, one district home help organiser and dental staff for maternity and child welfare and school health patients.

At the local authority clinics 593 individual children made 4,009 attendances at consultation clinics and eleven expectant mothers made 58 attendances at antenatal clinics to which general practitioners referred 574 expectant mothers for blood tests. At the midwives' antenatal clinics 176 mothers made 1,045 attendances. A weekly well baby clinic was staffed by general practitioners in rotation until May when the local authority medical officer took over. At the 22 sessions staffed by the general practitioners, 607 attendances were made and 202 children were immunised. At separate sessions in their surgeries, assisted by the midwife and health visitor, two general practitioners held antenatal clinics by appointment at which 573 attendances were made and, in addition, 56 postnatal examinations were carried out.

The monthly psychiatric consultation clinic continued for mentally subnormal children referred from all over the City.

The health centre was visited by 449 visitors all of whom expressed appreciation of the community care given by the combined staff at Nechells Green.

Work at Local Authority Clinics

(1) Antenatal Clinics:

The number of mothers who attended clinics staffed by our medical officers was 339 compared with 508 during 1964. At these clinics, the the number of blood samples taken for general practitioners' antenatal patients was 4,473 compared with 4,734 in 1964.

(2) Relaxation Classes:

Classes were held at 41 centres. Three part-time physiotherapists were employed for a total of 12 weekly sessions and the remainder of the classes were taken by midwives and health visitors. One thousand nine hundred and forty-four expectant mothers made 9,627 attendances at these classes.

(3) Postnatal Examinations:

Primary postnatal examinations totalled 122 and 34 re-examinations were made.

(4) Appointment Clinics:

Special appointment clinics for the medical examination of young children over the age of one year continued to be held and the majority of these were combined with antenatal clinics.

(5) Special Consultation Clinics at Carnegie Centre:

Dr. B. S. B. Wood, Consultant Paediatrician, held a fortnightly clinic at which he examined 80 children during 17 sessions until the 6th October when unfortunately he was taken ill. Referrals were made by clinic medical officers all over the City when they felt that specialist advice was desirable.

The adoption clinic continued for two sessions weekly at which 461 children were examined and 192 referred to Dudley Road Hospital for x-ray where the local health visitor was available to report on the Mantoux reactions of these children.

(6) Orthoptic Screening at Welfare Centres:

Two orthoptists were employed part-time for a total of four sessions weekly. These sessions were devoted to a comprehensive screening of vision of children who attended normal clinic sessions and immunisation sessions, and each day nursery was visited by an orthoptist during the summer months.

(7) Sewing Classes:

Sewing classes were held weekly at 41 centres and 12,302 attendances were made by mothers who continued to profit by the tuition received and the companionship of other mothers on the area.

(8) Health Talks:

The number of mothers who were present at health talks given during clinic sessions was 2,669 in addition to the 9,579 attendances made at mothercraft sessions after relaxation classes. A total of 1,995 attendances

was made by parents at special evening meetings at which films were shown. Health visitors were responsible for 12,804 individual interviews at their centres outside normal clinic sessions.

(9) Chiropody Treatment:

Expectant mothers made 273 attendances and children made 68 attendances during 75 treatment sessions provided by two part-time chiropodists.

(10) Screening Tests for Deafness:

Health Visitors carried out a total of 10,538 hearing tests on young children during 1965 as compared with 9,967 during 1964. Every effort has been made to concentrate on those children who are on the observation register and home visits have been paid to carry out the test where the child has not been taken to the clinic.

(11) Voluntary Assistance at Welfare Centres:

A number of ladies have given valuable assistance at the clinics during 1965 and the Department is grateful for their services.

LOCAL AUTHORITY CLINICS:

The fall in antenatal attendances continues as it is the policy to encourage expectant mothers to attend their general practitioners. Surprisingly, however, attendances of new patients increased towards the end of the year. Children's attendances were fewer, especially in those areas about to be redeveloped.

GENERAL PRACTITIONER CLINICS:

The numbers attending continue to rise, 367 more individual mothers attending in 1965. Coupled with this activity is the marked increase of 133 in midwives' clinics with general practitioners.

Audiology Clinic and Hearing Tests

The screening tests for deafness by health visitors at welfare centres or in their homes during the year 1965 numbered 10,538. It is attempted to screen as many children as possible especially those who are 'at risk'. Of the total screened, 150 were referred to the Audiology Clinic for further investigation. In addition two cases were referred by other local authorities, five by the Children's Department, five by consultants, two by the Parent and Child Guidance Clinic, four by general practitioners and three from City day nurseries. The waiting period during the year has varied from two weeks to two months.

Unfortunately, the trend mentioned in last year's report has continued; some parents do not realise the importance of early diagnosis and training where there is a hearing loss. These cases are followed up but it is time consuming to visit children in their own homes. Although this must be done in cases where a mother cannot travel either because of several

young children or in cases of illness, the work could be made easier if some parents, who are not in any way embarrassed, would make the effort to attend with their child.

We are grateful for the co-operation of Miss North and Mr. Shorrock, Head teachers of Braidwood and Longwill Schools for the Deaf, respectively. Miss Hall, Sister-in-Charge of the School Health Service Ear, Nose and Throat Clinic, attends every session and we are very grateful to her for solving many liaison and administrative problems. Thanks are expressed to Mr. Norman Crabtree, Ear, Nose and Throat Surgeon, for his co-operation at the School Health Service Clinic and at the Hearing Centre of the Children's Hospital.

The Audiology Clinic has a team composed of personnel from the Maternity and Child Welfare staff, Education Department, School Health Service and a Consultant Ear, Nose and Throat Surgeon. It is hoped, by co-operation, to ensure that each child receives the best possible care.

STATISTICS

Audiology Clinic

Children on the register on 1st January, 1965	...	...	...	...	72
Children on the register on 31st December, 1965	...	...	...	...	88

Comprising -

Children from 1964 under supervision or training on 31st December, 1965	...	...	...	...	...	17
New children from 1965 under supervision or training on 31st December, 1965	...	...	...	...	...	71
New children seen for testing during 1965	...	...	...	...	...	171

1965 disposal (71):-

Discharged as having normal hearing	...	...	...	...	...	8
Taken for training during 1965	...	...	...	...	...	40
(includes 9 discharged and one returned to West Indies)						
Children under supervision or training...	...	...	...	...	...	71
Children under supervision in School Health Service	...	...	...	...	...	20
Children under supervision of Children's Hospital	...	...	...	...	...	21
Children referred as mentally subnormal	...	...	...	...	...	9
Children referred to other specialists	...	...	...	...	...	2

1964 disposal (72):-

Discharged	...	...	...	...	...	...	54
Still under training or supervision	...	...	...	...	...	...	17
Refused further training or supervision	...	...	...	...	...	...	1

Child Welfare Clinics

(1) PERCENTAGE OF CHILDREN VISITED IN THEIR OWN HOMES WHO ATTENDED CHILD WELFARE CLINICS

Year	0-12 months	1 year	2 years	3 years	4 years
1963 ...	62.9	50.5	25.2	18.1	13.8
1964 ...	64.3	53.2	27.3	18.1	13.2
1965 ...	64.4	53.0	26.7	17.5	12.7

(2) FREQUENCY OF ATTENDANCE AS A PERCENTAGE OF ATTENDERS IN EACH AGE GROUP

Children who made:	0-12 months			1 year			2-5 years		
	1963	1964	1965	1963	1964	1965	1963	1964	1965
1-5 attendances	64.5	64.9	68.1	73.3	71.7	71.6	97.3	96.4	96.7
6 or more attendances	35.5	35.1	31.9	26.7	28.3	28.4	2.7	3.6	3.3

(3) CHILDREN'S CONSULTATION CLINICS (BIRTH TO 5 YEARS)

Number of Clinics held:							
(1) With doctor attending	...	...	...	...	...	...	3,166
(2) Without doctor attending	...	...	...	...	...	...	1,268
New children attending	...	...	...	...	...	...	14,216
Total attendances	...	...	...	...	...	...	108,258
Average attendance per clinic	...	...	...	...	...	...	24.4
Total examined by doctor	...	...	...	...	...	...	39,536
Average seen by doctor per consultation clinic	...	...	...	...	...	...	12.5

(4) ANTENATAL AND CHILDREN'S COMBINED CLINICS—CHILDREN ATTENDING

Number of combined clinics	...	...	...	...	...	...	2,340
New children attending	...	...	...	...	...	...	3,713
Total attendances	...	...	...	...	...	...	33,495
Average attendance per clinic	...	...	...	...	...	...	14.3
Total number seen by doctor	...	...	...	...	...	...	21,784
Average seen by doctor per combined clinic	...	...	...	...	...	...	9.3

(In addition the average number of expectant mothers examined at these clinics was 0.8 and the number of blood specimens obtained from general practitioners' cases was 4,473, an average of 1.9 per clinic).

(5) INFANT WELFARE CLINICS WITH GENERAL PRACTITIONERS

(a) *At Welfare Centres :*

(i) Individual children attending general practitioners' clinics only:

Under 1 year	408	} 1,096
1 year	...	...	361
2—5 years	...	...	327

Frequency of attendance:

<i>Individual children who made</i>	<i>0—12 months</i>		<i>1 year</i>		<i>2—5 years</i>	
	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>
1—5 attendances	253	62.0	208	57.6	302	92.4
6 or more attendances	155	38.0	153	42.4	25	7.6
TOTALS ...	408	100.0	361	100.0	327	100.0

(ii) Individual children attending both general practitioners' clinics and local authority clinics:

under 1 year	255	} 786
1 year	...	...	338
2—5 years	...	...	193

Frequency of attendance :

<i>Individual children who made</i>	<i>0—12 months</i>		<i>1 year</i>		<i>2—5 years</i>	
	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>
1—5 attendances	160	62.7	224	66.3	171	88.6
6 or more attendances ...	95	37.3	114	33.7	22	11.4
Totals	255	100.0	338	100.0	193	100.0

Total attendances:

Under 1 year	7,319	} 10,311
1 year	...	...	1,735
2—5 years	...	...	1,164
over 5 years	...	...	93

Examined by general practitioners	...	...	...	6,706
Seen by health visitors only	...	...	...	3,605
Attendances for immunisation	...	...	...	5,757
Attendances at health talks given by health visitors	...	...	...	4,736

(b) *At General Practitioners' Surgeries :*

Total attendances:

under 1 year	5,359	} 7,589
1 year	...	...	1,073
2—5 years	...	...	997
over 5 years	...	...	160

Examined by general practitioners	...	...	...	...	4,236
Seen by health visitors only	...	...	...	...	3,353
Attendances for immunisation	...	...	...	...	8,826
Attendances at health talks given by health visitors	...	...	...	...	3,944

(6) HANDICAPPED CHILDREN

The following table shows children notified during the year in accordance with the Education Act, 1944, to the Local Education Authority as having important defects discovered during the course of home visiting or at clinics.

<i>Category of Defects</i>	<i>No. of Cases</i>
----------------------------	---------------------

a. Totally blind	...	...	...	...	...	...	...	...	1
b. Partially sighted	...	...	...	...	...	...	...	...	26
c. Totally deaf	...	...	...	...	...	...	...	...	8
d. Partially deaf	...	...	...	...	...	...	...	...	17
e. Educationally subnormal (mentally backward)	...	...	...	...	...	...	...	...	119
f. Epileptic	...	...	...	...	...	...	...	...	16
g. Maladjusted (emotional instability or psychological disturbance)	...	...	...	...	...	...	...	...	3
h. Physically handicapped	...	...	...	...	...	...	...	...	70
Spastic condition	...	...	...	...	...	...	...	...	23
i. Defective speech (not due to deafness)	...	...	...	...	...	...	...	...	17
j. Delicate	...	...	...	...	...	...	...	...	164

(diabetes 1; tuberculosis 42; haemophilia 2; asthma 29; bronchiectasis 1; congenital heart disease 34; coeliac disease 3; other disorders 52).

k. No. of children with a combination of defects (included above)	38
---	-----	-----	----

(7) INCIDENCE OF ASTHMA

<i>Year</i>			<i>No. of children</i>
<i>of Birth</i>			<i>reported during</i>
			1965
1960	...	...	6
1961	...	...	16
1962	...	...	4
1963	...	...	3
			<hr/>
TOTAL	...	...	29

SUMMARY OF ATTENDANCES AT WELFARE CENTRES

Clinic Attendances		1964	1965	Increase	Decrease
INDIVIDUAL CHILDREN WHO ATTENDED CENTRES:-					
Percentage of visiting children	0-12 months	64.3%	64.4%	0.1%	—
who attended centres	1 year	53.2%	53.0%	—	0.2%
	2 years	27.3%	26.7%	—	0.6%
	3 years	18.1%	17.5%	—	0.6%
	4 years	13.2%	12.7%	—	0.5%
FREQUENCY OF ATTENDANCE IN AGE GROUPS					
(a) 1-5 attendances	0-12 months	64.9%	68.1%	3.2%	—
	1 year	71.7%	71.6%	—	0.1%
	2-5 years	96.4%	96.7%	0.3%	—
(b) 6 or more attendances	0-12 months	35.1%	31.9%	—	3.2%
	1 year	28.2%	28.4%	0.2%	—
	2-5 years	3.6%	3.3%	—	0.3%
Children's consultation clinics					
Number held	1. With doctor	3,127	3,166	39	—
	2. Without doctor	1,282	1,268	—	14
New children attending		14,381	14,216	—	165
Total attendances		116,138	108,258	—	7,880
Average attendance per clinic		26.3	24.4	—	1.9
Total examined by doctor		40,523	39,536	—	987
Average seen by doctor per clinic		12.9	12.5	—	0.4
Children referred elsewhere		642	1,093	451	—
Antenatal and children's combined clinics					
<i>Children attending:-</i>					
Number held		2,391	2,340	—	51
New children attending		3,661	3,713	52	—
Total attendances		35,255	33,495	—	1,760
Average attendance per clinic		14.7	14.3	—	0.4
Total number seen by doctor		22,157	21,784	—	373
Average seen by doctor per clinic		9.2	9.3	0.1	—
Children referred elsewhere		253	463	210	—
Infant welfare clinics with general practitioners					
Individual children attending	0-12 months	294	408	—	—
	1 year	301	361	143	—
	2-5 years	358	327	—	—
Total attendances		10,891	10,311	—	580
Examined by general practitioners		6,781	6,613	—	168
Seen by health visitors only		4,110	3,605	—	505
Attendances for immunisation		5,364	5,757	393	—
Attendances at health talks given by health visitors		4,752	4,736	—	16
Attendances for remedial exercises					
Individual children attending		93	102	9	—
Total attendances		2,012	1,464	—	548
Hearing Tests					
		9,967	10,538	571	—
Antenatal and Postnatal Clinics					
<i>(a) Local Authority:-</i>					
1. No. of separate clinics with medical officers present		110	68	—	42
New expectant mothers attending		49	16	—	33
Total attendances		243	107	—	136
2. Combined with Children					
New expectant mothers registered		459	317	—	142
Total attendances		3,064	1,974	—	1,090
Total individual mothers attending both types of clinics		503	333	—	170

SUMMARY OF ATTENDANCES AT WELFARE CENTRES (CONT.)

<i>Clinic Attendances</i>	1964	1965	<i>Increase</i>	<i>Decrease</i>
3. Antenatal clinics with midwives only	697	830	133	—
New expectant mothers	2,301	2,277	—	24
Total attendances	7,748	7,401	—	347
4. Primary postnatal examinations ...	148	122	—	26
Total postnatal examinations ...	179	156	—	23
5. Mothers attending for blood test only	4,734	4,473	—	261
(b) General Practitioner Clinics at Welfare Centres :—				
Antenatal				
Total examinations of mothers ...	13,108	13,720	612	—
New mothers registered	2,112	2,479	367	—
Rhesus tests	1,031	1,537	506	—
Wassermann reaction tests	846	76	—	770
Haemoglobin tests	1,443	62	—	1,381
Postnatal				
Primary postnatal examinations ...	949	1,102	153	—
Re-examinations	156	127	—	29
<i>Relaxation Classes</i>				
Individual mothers attending	2,306	1,944	—	362
Sessions held (relaxation only)	1,773	1,495	—	278
Sessions held (combined with Rem. Ex.) ...	199	250	51	—
Total attendances	11,595	9,627	—	1,968
Attendances at associated mothercraft classes	11,458	9,579	—	1,879
<i>Chiropody Clinics for Antenatal Cases</i>				
Total sessions held	114	75	—	39
Total attendances	563	341	—	222
Average No. of patients called per session ...	8	8	—	—
Average No. of attendances per session ...	6	4	—	2

Care of the Unmarried Mother

(1) <i>Arrangements for new cases in 1965</i>	<i>First cases</i>	<i>Multiple cases</i>	<i>Married women</i>
Number interviewed at Public Health Department (not all requiring help)...	606	655	101
Accommodated in Mother and Baby Homes			
Beechcroft	76	6	4
Francis Way	30	—	—
Woodville	21	1	—
Lyncroft House	45	—	—
The Grange	42	—	—
Sunnyside	4	—	—
Accommodated elsewhere			
Homes out of City	3	5	—
Own home entirely	13	329	5
Own home except for confinement ...	311	—	88
Left City before confinement	17	—	4
TOTAL	562	341	101

(2) *Situation at the end of the year*

Antenatal cases:

No. of cases

In homes awaiting delivery	44	} Primipara
	314	
		} Multipara

Postnatal cases:

Miscarriages	5
Babies stillborn	6
Babies died	7
Babies adopted	140
Babies with foster mothers	20
Babies in residential nurseries	9
Mothers at home with their babies	604
Mothers married	107
Mothers living with putative fathers	97
Mothers and babies having left the City	9
Total	1,362

(3) *Work of Administrative Staff*

Home visits paid re unmarried mothers	992
Mothers visited in hospital	5
Office interviews — applications	1,362
Office interviews — other than applications	653

(4) *Age grouping of applicants*

13 years 3	19 years 122
14 years 8	20 – 25 years 601
15 years 26	26 – 30 years 135
16 years 69	31 – 35 years 68
17 years 131	36 years and over 36
18 years 163	
Total	1,362

(5) *Multiparae (excluding married women)*

1st child died (including stillbirth and miscarriage)	17
„ „ in residential nursery	11
„ „ adopted	23
„ „ in care of relatives	107
„ „ fostered	5
„ „ with mother	150
Total	313

Of these 313 cases, 66 are living with the putative father and 23 are married to the putative father.

One hundred and seventy-five were para two, 85 para three, 30 para four, 23 para five and 16 were para 6 and over.

(6) *Married women assisted—marital details :*

Separated from husband	...	...	...	...	...	...	...	85
Divorced	...	...	...	...	...	...	...	9
Widowed	...	...	...	...	...	...	...	4
Living with husband	...	...	...	...	...	...	...	3
								<hr/>
								Total 101
								<hr/>

Of these :

Baby died	...	...	...	...	...	...	...	1
Mother at home with baby	...	...	...	...	...	...	...	61
Baby adopted	...	...	...	...	...	...	...	9
Baby fostered	...	...	...	...	...	...	...	4
Mother antenatal	...	...	...	...	...	...	...	24
Mother left the City	...	...	...	...	...	...	...	2
								<hr/>
								Total 101
								<hr/>

(7) *Nationality*

(a) *Nationality of applicants :*

British	...	...	...	...	...	...	...	...	863
Irish	...	...	...	...	...	...	...	...	153
West Indian	...	...	...	...	...	...	...	...	338
European	...	...	...	...	...	...	...	...	8
									<hr/>
									Total 1,362
									<hr/>

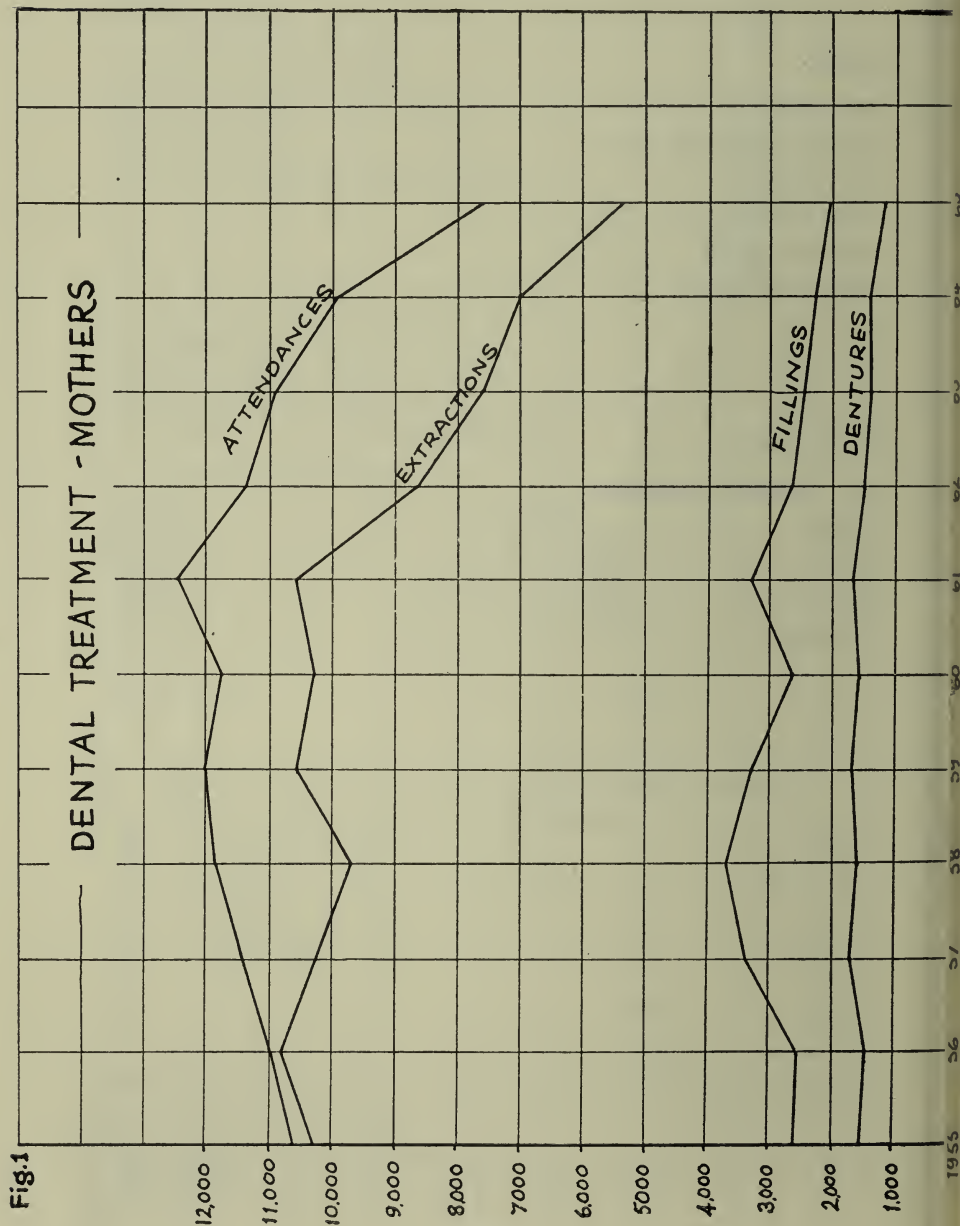
(b) *Nationality of Putative Fathers :*

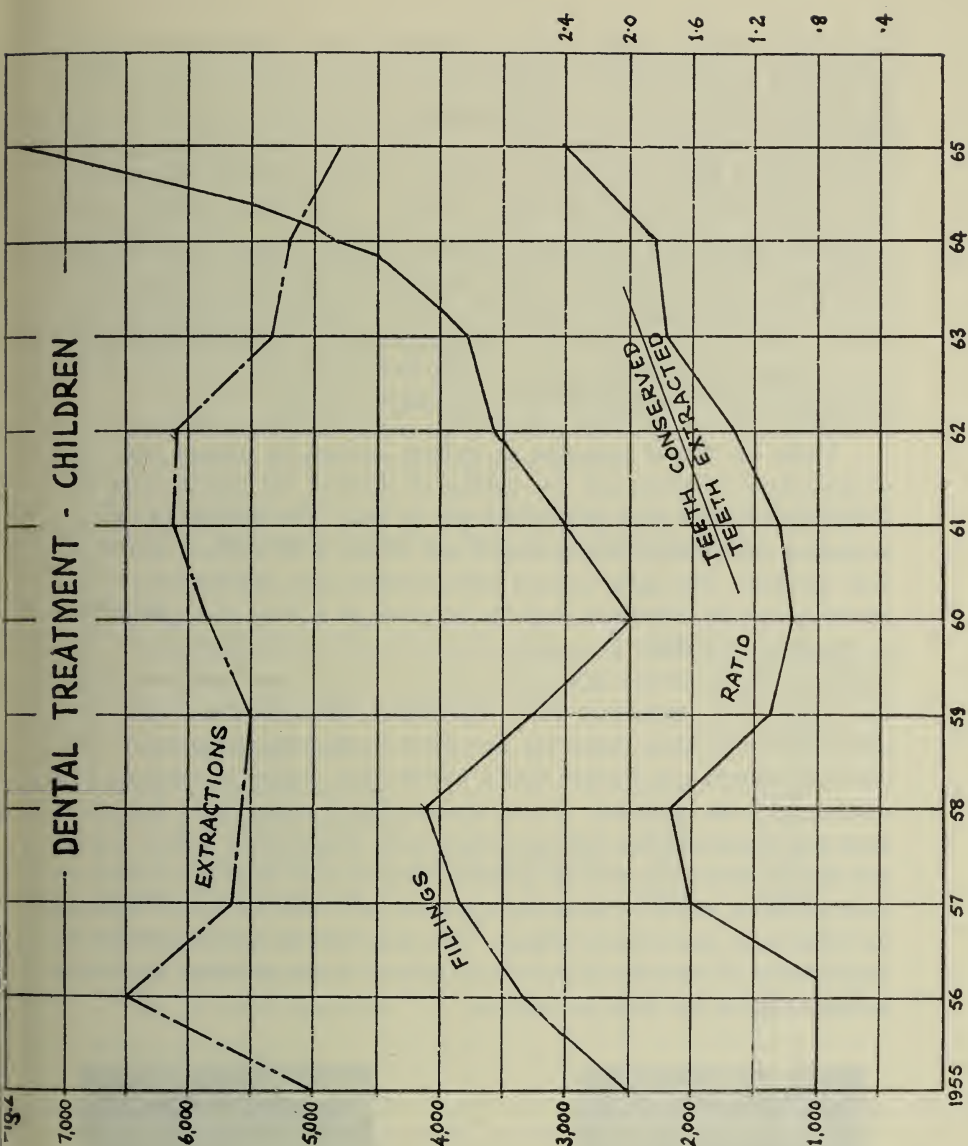
English	...	...	...	...	...	...	...	...	638
West Indian	...	...	...	...	...	...	...	...	394
Irish	...	...	...	...	...	...	...	...	251
Pakistani	...	...	...	...	...	...	...	...	39
Arabian	...	...	...	...	...	...	...	...	11
African	...	...	...	...	...	...	...	...	9
Mediterranean countries			...	...	...	...	...	...	7
Indian	...	...	...	...	...	...	...	...	7
Other nationalities	...	...	...	...	...	...	...	...	6
									<hr/>
Total									1,362
									<hr/>

DENTAL TREATMENT

The Maternity and Child Welfare Dental Service is passing through a period of rapid change. It is therefore worthwhile to look at the work carried out in rather more detail than usual and to try to assess future trends.

Figure 1 gives some indication of the work carried out for mothers and Figure 2 shows that provided for pre-school children.

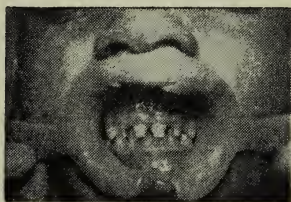




It will be seen that in 1965, although the number of sessions worked by dental surgeons fell by 175 from 2,528 in 1964 to 2,353, it has been possible to show an increase of 45 per cent. in the number of fillings for children. Two major factors have contributed to this. The first, as can be seen from Figure 1, is the continued decline in treatment provided for mothers which has allowed the dental surgeons to devote rather more of their time to children. The other factor is the increasing use being made of dental auxiliaries. These are young ladies who have undergone two years exhaustive training at the New Cross Training School in London and have then passed a qualifying examination before being registered by

the General Dental Council which is responsible for maintaining standards of training and of ethical conduct in the dental profession as a whole. Dental auxiliaries are very well trained in handling small children, in filling their teeth and in giving advice on the prevention of dental disease. At the end of 1965 three dental auxiliaries were employed although one was shared with the School Dental Service. They must however work under the supervision of a dental surgeon who must be present in the same building. This need for both a dental surgeon and an auxiliary to be able to work at the same time in one clinic, which obviously necessitates two-surgery clinics, is one of the factors which limits the number of auxiliaries we can employ and the situation can only be remedied by new construction or fairly extensive modifications to existing buildings.

Visits by dental surgeons to welfare centres to inspect the teeth of pre-school children and the calling of children for dental inspection at the age of three have progressed side by side. The number of children attending each session has increased and 29 out of 55 welfare centres are now covered. The early contact with mothers also enables information about caring for children's teeth to be given at a time when prevention is often still possible. It appears that in 1965 the Maternity and Child Welfare Dental Service was beginning to provide dental inspection and, treatment where necessary for a significant, if so far much too small, proportion of children below the age of five in the City. If present trends continue therefore it appears that a further slow decline in treatment for mothers is to be expected. To set against this it seems likely that many more pre-school children will have their teeth examined at welfare centres and dental clinics and that the greater acceptance of dental treatment for these children, which is becoming apparent, will make increased demands for treatment, particularly fillings. This may well be met in part by the employment of more dental auxiliaries subject to the provision of suitable accommodation for them to work in.



The adjustment of the level of fluoride in the drinking water in Birmingham to one part per million continued throughout the year. One of the grounds on which fluoridation has been attacked is that it can cause mottling of the teeth, giving them, in extreme cases, a very unsightly appearance. At a level of 1 ppm. mottling is most unlikely to occur and if it does is so slight as to cause no disfigurement. As a matter of interest

a look-out has been kept for some years for children who have lived all their lives in Birmingham and who have not therefore been exposed to fluoride in the water to any appreciable extent, but who show markings on their teeth, ranging from small opaque white spots to gross discolouration and in some cases destruction of the teeth. These are, of course, due to causes other than fluoride, usually the early stages of dental decay. Quite a number were found and two cases are illustrated, figure 3 and figure 4. It is difficult to convey a satisfactory effect in black and white but sufficient can be seen to make it clear that claims of mottling due to fluoridation need to be very carefully assessed.

At Lancaster Street one session per week has continued to be devoted to children with rampant caries and is doing useful work. The results in due course should provide interesting information.

X-ray facilities continued to be centralised at Lancaster Street and the supply of dentures is from two firms of dental technicians.

Statistics

				<i>Mothers</i>	<i>Children</i>
Number of examinations :—	...	...	...
(a) at dental clinics	...	...	...	2,286	8,408
(b) at welfare centres	...	...	...	1	615
Courses of treatment required	...	...	...	2,179	5,210
Courses of treatment completed	...	...	...	1,195	4,207
Number of administrations of general anaesthetics				888	1,809
Number of teeth extracted	...	...	...	5,249	4,763
Number of fillings inserted :—					
(a) by dental officers	...	...	...	2,108	4,533
(b) by dental auxiliaries	...	...	...		2,597
Number of scalings :—					
(a) by dental officers	...	...	...	248	11
(b) by hygienist	...	...	...	273	
Number of teeth treated with silver nitrate			...	39	3,604
Number of radiographs	...	...	...	72	10
Number of mothers fitted with dentures	...	...		683	
Number of dentures supplied	...	...	...	1,164	
Total attendances :—	...	...	...
(a) at dental clinics	...	...	...	7,660	14,865
(b) at welfare centres	...	...	...	1	615
Sessions :—					
(a) Dental surgeons	...	...	...	2,353	
(b) Dental auxiliaries	...	...	...	655	

In the case of children the ratio of teeth conserved to teeth extracted, which is a rough guide to the effectiveness of a dental service, has improved from 1·8 in 1964 to 2·4 in 1965. On a national basis for 1964, the last year for which figures are available, the Ministry of Health quotes this ratio as 158 to 117 i.e. 1·3.

It should also be borne in mind that in earlier years many more teeth have been conserved otherwise than by filling. This mainly covers treatment by silver nitrate which is used to prolong the useful life of a tooth which is not capable of being filled satisfactorily. In 1965 however a much larger proportion of teeth conserved have been filled. This may be due, partly at any rate, to the inspection of teeth at welfare centres, thereby detecting decay at an early stage so that a filling can be quickly and easily accomplished. It may well be true also, that controversy about fluoridation, by directing attention towards teeth, has made a positive contribution to dental health.

The number of sessions held at various clinics was as follows:—

<i>Dental Clinic</i>	<i>End of 1964 Total</i>	<i>End of 1965</i>			
		<i>Dental Officer</i>	<i>Dental Auxiliary</i>	<i>Dental Hygienist</i>	<i>Total</i>
Lancaster Street ...	20	9	4	4	17
Carnegie ...	11	10	3	3	16
Treaford Lane ...	16	11	7	—	18
Northfield ...	5	6	—	—	6
Kingstanding ...	3	2	—	—	2
Quinton Lane ...	1	2	—	—	2
Farm Road ...	17	7	5	3	14
Nechells Green ...	6	4	2	—	6
TOTAL SESSIONS PER WEEK ...	79	51	21	10	81

The school dental service temporarily ceased using the dental clinic at Northfield on 26th July, 1965 but were still using the one at Nechells Green at the end of the year.

Professional Staff

One part-time dental officer resigned during 1965 and one was appointed. The net result of these and other changes is a decrease of three sessions per week at the end of the year compared with an average week at the end of 1964.

One of our dental auxiliaries resigned at the end of August to take up a post at Manchester Dental Hospital. We were fortunate in being able to replace her without delay. In addition a third dental auxiliary took up her duties in September.

Accommodation

The appointment of a third dental auxiliary has made obvious the advantages of clinics with two surgeries so that a dental surgeon and an auxiliary can work at the same time. Preliminary steps have been taken therefore to provide an additional surgery at Carnegie, where there is a large and increasing number of children in need of treatment, and to equip it to modern standards bearing in mind the needs of small children.

A start has also been made on modernising equipment in other surgeries and here the main target is lighting. Dentistry makes large demands on the eyes which can easily suffer strain unless lighting of a high standard is provided. Fortunately modern operating lights which can meet this need are now available and, together with properly designed general illumination, can do a very great deal to ease the strain on the operator. The programme of replacing lights and other items of equipment which are out of date will be pursued as rapidly as circumstances permit.

Dental Health Education

There have been no spectacular occasions in dental health education during 1965. Nevertheless a very considerable amount of work has gone into this subject 'usually through day to day contacts between patients and staff. The increasing awareness of the facts regarding dental health, even if this has not yet in many cases resulted in a change in attitude, must partly at any rate be due to this work as must also the greater willingness to accept dental treatment for children, mentioned earlier.

DOMICILIARY MIDWIFERY

(Section 23—National Health Service Act, 1946)

There were 21,555 births and 378 stillbirths to women residents of Birmingham in 1965. Of these, 372 live births and six stillbirths occurred outside the City. There were 3,265 out-of-City mothers confined at City hospitals (3,326 in 1964)—a lesser number than 1964 but a greater percentage of the total.

The number of births has fallen much more this year than in any year since 1962 and, in common with England and Wales, the birth rate shows a downward trend.

The succeeding text and statistical tables refer to confinements of Birmingham residents unless otherwise stated.

During the year, 15,017 women were delivered at City hospitals and Marston Green Maternity Hospital compared with 15,006 in 1964; 6,134 by the domiciliary midwives as compared with 7,082 in 1964, and 12,624 were discharged early from hospital to home as compared with 11,992 in 1964.

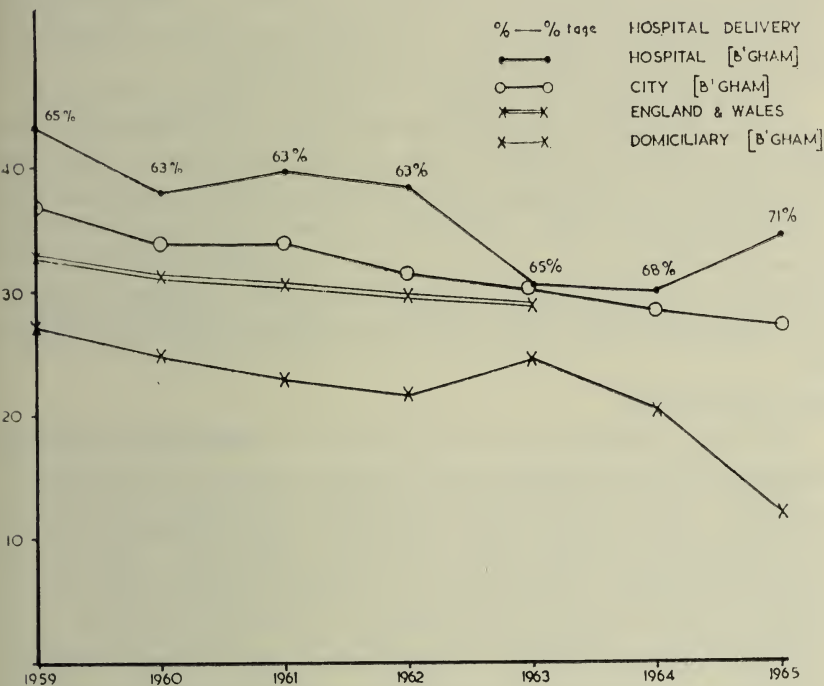
	(1) <i>Total No. of con- finements at city hospitals, Marston Green and at home</i>	(2) <i>Total No. of con- finements at city hospitals and Marston Green</i>	(3) <i>Total No. of domiciliary confine- ments</i>	(4) <i>Total No. of early discharges needing attention of midwife</i>	(5) <i>Hospital confine- ments as percentage of total</i>	(6) <i>(3) and (4) as percentage of (1)</i>
1958	19,085	12,233	6,852	4,120	64·0	57
1959	19,237	12,429	6,808	4,424	64·6	58
1960	20,674	13,118	7,556	6,691	63·4	69
1961	21,432	13,493	7,939	7,089	62·95	70
1962	22,107	13,939	8,168	9,585	63·1	80
1963	21,850	14,195	7,655	11,115	65·0	86
1964	22,188	15,006	7,082	11,992	68·1	86
1965	21,156	15,017	6,139	12,624	71·0	89

The decrease since 1962 in the number of domiciliary confinements has continued more rapidly while, although the number of hospital confinements has increased marginally, the percentage increase is appreciable due to a fall in the total number of confinements.

The situation generally has been more satisfactory as the Cranbrook figure of 70% hospital confinements has been reached. The number

of hospital bookings on social grounds by the Maternity Bed Bureau which have had to be placed on the emergency admission list has dwindled to insignificance.

PERI-NATAL MORTALITY



Perinatal Mortality Rate

The graph compares the perinatal mortality rates of Birmingham with England and Wales. It also shows the perinatal mortality rates for Birmingham home and hospital confinements.

The disparity between home and hospital perinatal mortality rates is explained by the acceptance by hospitals of mothers “at risk”. However the rate of the City is higher than that of England and Wales but compares favourably with that of the large boroughs approaching the size of Birmingham.

During the years 1956—60 the numbers of attendances at hospitals by expectant mothers was noted and it has been possible to carry out some analysis of these statistics. Where the mother paid one to two visits to the hospital antenatal clinic and was delivered in the hospital, the perinatal mortality rate was over 90. Where the mother paid either three to five visits or five to eight visits and was delivered in hospital, the perinatal mortality was about 60, indeed the number of visits between three and

eight did not influence this figure of 60 very much. However, where more than eight visits were paid the perinatal mortality rate dropped rapidly to a little over 30. A further analysis of the conditions in the one to three visits group showed there were proportionately more mothers referred for grand multiparity, pre-eclamptic toxæmia, late bleeding, abnormality of presentation or a combination of these conditions than in the five plus or eight plus groups. In the group who made ten plus visits there was a relatively high number of Caesarean sections.

It was not possible to correlate the stage of pregnancy at which a woman was referred to hospital with the perinatal mortality rates. In 1965 the perinatal mortality rate for home confinements was 14·3, for emergency hospital admissions 90·5, for hospital booked cases 30·9 and for all hospital cases 34·5. These rates, taken in conjunction with the perinatal mortality rate of the City, suggest that selection of cases for admission to hospital is better but that there are still a number of mothers who could possibly have been referred for consultant opinion at an earlier date.

Early Discharges

The early discharge rate has accelerated in 1965, 84% of hospital confinements were discharged to the domiciliary midwife on the ninth day and under. The red star system of selecting cases during the antenatal period for early discharge after confinement works efficiently and any minor difficulties are dealt with by the various Maternity Liaison Committees. The system applies to patients booked for hospital delivery on medical grounds. Patients are made fully aware of the procedure at an early date when the midwife has satisfied herself as to the suitability of the home. The following table gives the number of early discharges together with the percentage of early discharges under nine days, in three day periods:—

<i>Day of Discharge</i>	<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>
First ...	135	141	137	120
Second ...	513	742	888	906
Third ...	724	850	1,155	1,347
	14%	16%	19%	18·8%
Fourth ...	374	463	605	672
Fifth ...	321	374	476	555
Sixth ...	447	454	584	826
	12%	11%	14%	16·2%
Seventh ...	1,633	1,486	1,816	1,959
Eighth ...	3,289	4,087	3,957	3,965
Ninth ...	2,149	2,518	2,374	2,274
	74%	73%	67%	65·0%
	9,585	11,115	11,992	12,624

There has been no marked change in 1965, and the trend towards discharging more patients on and under the sixth day is maintained.

Congenital Dislocation of the Hip—early diagnosis

The scheme progresses smoothly in the Selly Oak Ward. It had been hoped to introduce this method of diagnosis for all domiciliary confinements in 1965; however there were still difficulties in the matter of designating sessions at hospital outpatient departments to which babies suspected of congenital dislocation could be referred without delay. Practically all the domiciliary midwives have been under instruction by the neonatal paediatricians to whom our grateful thanks are due for their efforts. Referral sessions have now been definitely arranged for October, 1966 and it is arranged to show to the general practitioners a film on Barlow's method of diagnosis and have discussions about the scheme at this time. The proposed date of introduction to the City is the second week of November, 1966.

Of the 400 babies screened by the domiciliary midwives in 1965, six went for further consultation of which four were put up in ski splints.

Night Rota Service

The scheme continues and is much appreciated by midwives and relatives of expectant mothers. In fact there is a growing tendency for relatives to contact the ambulance depot or central office by day for the services of a midwife instead of using the usual procedure of calling a midwife direct. With the increase in hospital deliveries and the consequent decrease of home deliveries fewer midwives will be employed and their present districts enlarged. It would seem then that in the future the large county borough authorities will need to establish central call stations for the convenience of the public and the economical use of full-time midwives.

Maternity Liaison Committees

Liaison meetings commenced at the Selly Oak group of Hospitals—Lordwood, Sorrento and Selly Oak maternity unit. Now all the hospitals, including Marston Green, have these meetings as a fixture twice yearly. They are now a forum for discussion of the various problems that arise in the three branches of the service.

Emergency Maternity Service

As the proportion of hospital confinements increases, the calls on the Flying Squad are fewer. During the year 96 calls were made on the service,

HAEMOGLOBIN ESTIMATION OF EXPECTANT MOTHERS 1965

		Haemoglobin (Gms.- %)								Total	
		Less than 8.8 (Less than 60%)		8.8 - 10.2 (60% - 69%)		10.3 - 11.7 (70% - 79%)		11.8 & over (80% & over)			
		No.	%	No.	%	No.	%	No.	%	No.	%
MONTH	JANUARY	3	0.6	29	5.9	162	32.7	301	60.8	495	100
	FEBRUARY	5	1.1	40	8.9	176	39.1	229	50.9	450	100
	MARCH	7	1.3	51	9.6	182	34.1	293	55.0	533	100
	APRIL	4	1.1	15	4.1	114	31.4	230	63.4	363	100
	MAY	4	0.9	26	6.1	160	37.1	241	55.9	431	100
	JUNE	2	0.6	18	5.0	141	39.0	200	55.4	361	100
	JULY	—	0.0	29	7.7	151	40.4	194	51.9	374	100
	AUGUST	8	2.2	22	6.2	139	38.9	188	52.7	357	100
	SEPTEMBER	4	0.9	31	7.1	174	39.6	230	52.4	439	100
	OCTOBER	5	1.4	26	7.0	151	40.7	189	50.9	371	100
	NOVEMBER	3	0.7	19	4.6	158	37.9	237	56.8	417	100
	DECEMBER	1	0.4	16	5.7	115	41.2	147	52.7	279	100
PARITY (NUMBER OF PREVIOUS LIVE AND STILL BIRTHS)	0	4	0.5	33	4.3	210	27.1	528	68.1	775	100
	1	8	0.5	70	4.6	606	39.7	842	55.2	1,526	100
	2	9	0.8	74	6.7	448	40.5	576	52.0	1,107	100
	3	5	0.7	68	9.9	270	39.4	343	50.0	686	100
	4	5	1.2	36	8.9	158	39.0	206	50.9	405	100
	5	9	5.9	15	9.9	51	33.5	77	50.7	152	100
	6 AND OVER	4	2.3	24	13.6	65	36.9	83	47.2	176	100
	UNKNOWN	2	4.65	2	4.65	15	34.9	24	55.8	43	100
AGE	LESS THAN 20	1	0.4	15	5.4	93	33.6	168	60.6	277	100
	20 - 29	20	0.6	178	5.8	1,183	38.2	1,712	55.4	3,093	100
	30 - 39	19	1.4	121	8.7	500	36.1	746	53.8	1,386	100
	40 & OVER	6	7.05	6	7.05	35	41.2	38	44.7	85	100
	UNKNOWN	—	0.0	2	6.9	12	41.4	15	51.7	29	100
WEEK OF PREGNANCY	LESS THAN 14	3	0.5	16	2.9	130	23.2	412	73.4	561	100
	14 - 21	5	0.3	63	3.8	541	33.0	1,032	62.9	1,641	100
	22 - 32	25	1.4	141	8.3	763	44.8	775	45.5	1,704	100
	33 & OVER	10	1.1	98	10.8	377	41.6	421	46.5	906	100
	UNKNOWN	3	5.2	4	6.9	12	20.7	39	67.2	58	100
SOCIAL BACKGROUND	GOOD	17	0.8	110	5.5	706	35.2	1,175	58.5	2,008	100
	MIXED	18	1.0	136	7.8	660	37.5	945	53.7	1,759	100
	BAD	1	1.0	9	8.9	50	49.5	41	40.6	101	100
	UNKNOWN OR NOT RECORDED	10	1.0	67	6.7	407	40.6	518	51.7	1,002	100
	TOTAL	46	1.0	322	6.6	1,823	37.4	2,679	55.0	4,870	100

Maternal Mortality

In 1965 there was a total of 10 maternal deaths. All were ascribed to pregnancy and childbirth. Two of the 10 were due to abortion. The maternal mortality rate including abortions, was 0.36 per 1,000 total births.

A. Deaths ascribed to pregnancy and childbirth

1. Associated with a notifiable birth:

The first case was a girl aged 17 years, who was confined in hospital and discharged home on the 8th day of the puerperium. She developed a breast abscess, became very ill with sickness and diarrhoea and died 4 weeks after delivery of a normal baby. The post mortem findings stated the cause of death to be pulmonary oedema, glomerulo-nephritis and necrotising angitis. The exact course of events leading to this is not clear, as the patient may have had toxæmia following sulphonamide therapy, or may have had an undiagnosed throat infection which led to kidney damage.

The second case was a woman of 35 who was delivered at home of a normal baby. The Flying Squad was called out, but her condition deteriorated and she died. Post mortem report showed the cause of death to be toxic myocarditis and fulminant virus infection.

The third was a woman of 21, who was delivered in hospital of a normal baby. Thirteen days later she was re-admitted as she had headache vomiting and neck rigidity. Her condition deteriorated, she had a fit, lost consciousness and became hemiplegic. She died 3 weeks after delivery. Post mortem findings showed death to be due to intra-cranial sinus thrombosis which occurred during the puerperium.

The fourth was a West Indian woman of 34, who had a Caesarean section performed, and was delivered of a normal baby. As her pulse was weak, a transfusion was started, but before this could be completed, she became pulseless. Immediate cardiac massage was of no avail, and she died. An inquest was held and the cause of death was stated to be "acute cardiac arrest; Caesarean section under general anaesthesia; accidental death".

The fifth was a woman of 37, who was delivered of a normal baby, but commenced vomiting immediately thereafter. Her condition deteriorated and was thought to be due to Mendelson's syndrome. She had a tracheotomy, hydrocortisone in large doses and aspiration, but died in a few hours. Death was reported to be due to acute myocarditis associated with pregnancy.

The sixth occurred in a woman of 23 who was delivered in hospital. She had suffered from poliomyelitis in childhood, and had an android pelvis and hydramnios. Labour was difficult with deep transverse arrest during the second stage. She inhaled vomit and became very cyanosed. Sudden cardiac arrest occurred which did not respond to massage. The post mortem findings were cardiac arrest due to inhalation of gastric contents whilst under the influence of general anaesthesia.

The seventh, a woman of 22, was admitted to hospital in labour and was found to be jaundiced. No foetal heart was audible. Forceps were

applied under general anaesthesia and a small macerated foetus delivered. The patient's condition deteriorated rapidly and she became stuporose. Death was due to acute yellow atrophy of the liver.

The eighth death occurred in a woman of 37 who died in hospital following a Caesarean section and was found at post mortem to have had an apoplectic cerebral haemorrhage associated with acute hypofibrinogenaemia and haemorrhagic syndrome due to acute yellow atrophy of the liver in pregnancy.

2. Not associated with a notifiable birth

There were two cases. The first occurred in a woman of 25 who, at the time of death, was healthy. She was pregnant, the maturity of the foetus being estimated at 16-17 weeks. Death was due to air embolism following attempted abortion, which could have been caused by the use of a syringe or the use of an instrument.

The second case was a woman of 31 who was found dead. Post mortem findings revealed death to be due to air embolism following abortion, the estimated maturity of the foetus being 11-12 weeks. The abortion had been attempted by the use of a syringe.

B. Deaths due to associated conditions

There were no deaths in this category.

Analgesia

During 1965 analgesia was administered by 129 domiciliary midwives as follows:—

<i>As midwives</i>			<i>No. of patients</i>			<i>With doctor present</i>			<i>No. of patients</i>		
Gas and air	...	...	995			Gas and air	...	...	85		
Gas, air and trilene	...	...	14			Gas, air and trilene	...	...	1		
Gas, air and pethidine	...	...	1,333			Gas, air and pethidine	...	...	153		
Trilene	...	...	335			Trilene	...	...	30		
Trilene and pethidine	...	...	415			Trilene and pethidine	...	...	32		
Pethidine	...	...	1,347			Pethidine	...	...	87		
Gas, air, trilene and pethidine	...	...	7			Gas, air, trilene and pethidine	...	...	1		

Notifications

The following notifications were made during 1964:—

Puerperal fever and puerperal sepsis	...	...	...	...	...	150
Ophthalmia neonatorum (gonococcal 3 cases)	...	...	...	...	...	282
Pemphigus neonatorum	...	...	...	...	...	1

Maternity Bed Bureau

Number of applications	...	...	...	...	...	3,489
Number booked	...	...	...	...	...	2,437
Investigations (social) carried out	...	...	...	...	...	1,024

Only 13 who made a very late booking had to be referred to the Birmingham Regional Hospital Board.

Local Authority Clinics (Maternity)

The number of general practitioners holding separate antenatal clinics at welfare centres during 1965 was 36. In addition, 22 general practitioners held an antenatal clinic combined with children's examinations. (Clinics for children's examinations and immunisation only were held by 19 general practitioners).

	<i>Assistant M.O.H. attending</i>		<i>Midwife attending</i>		<i>General Practitioner attending</i>	
	<i>New cases</i>	<i>Attendances</i>	<i>New cases</i>	<i>Attendances</i>	<i>New cases</i>	<i>Attendances</i>
1960	1,547	10,061	840	3,335	1,618	10,287
1961	1,323	8,141	1,234	4,841	1,626	10,644
1962	942	6,032	1,363	5,556	1,793	11,704
1963	615	4,190	1,741	6,608	1,776	11,419
1964	508	3,307	2,301	7,748	2,112	13,108
1965	333	2,081	2,277	7,401	2,479	13,720

Statistics

(1) ANTENATAL AND POSTNATAL CLINICS

(a) Local Authority Clinics

(1) Separate antenatal clinics held with medical officer present ...	...	...	68
New expectant mothers attending	...	...	16
Total attendances	...	...	107
(2) Expectant mothers attending combined antenatal and children's clinics:—			
New mothers attending	...	...	317
Total attendances	...	...	1,974
(3) Antenatal clinics with midwife only	...	...	1,830
New expectant mothers registered	...	...	2,277
Total attendances	...	...	7,401
(4) Primary postnatal examinations at clinics	...	...	1,122
Total postnatal examinations	...	...	156

(b) General practitioner clinics at welfare centres

Antenatal:

New mothers registered	...	...	...	...	...	2,479
Total attendances	...	...	...	...	...	13,720
Rhesus tests	...	...	...	...	...	1,537
Wassermann reaction tests	...	...	...	...	...	76
Haemoglobin tests	...	...	...	...	...	62

Postnatal:

Primary postnatal examinations	...	...	...	...	...	1,102
Re-examinations	...	...	...	...	...	127

(2) PRACTISING MIDWIVES

During the year 1965, 468 midwives notified their intention to practise in the City:—

City domiciliary midwives	...	...	...	...	...	...	139
City domiciliary day midwives	...	...	...	...	...	...	24
Independent domiciliary midwives	...	...	...	...	...	...	9
Midwives in institutions	...	...	...	...	...	...	287
Midwives in private nursing homes	...	...	...	...	...	...	9

(3) NUMBER OF MIDWIVES CEASING TO PRACTISE IN THE CITY 107

Domiciliary midwives and day midwives who left the City in 1965	13
Independent domiciliary midwives ceasing to practise	2
Hospital midwives ceasing to practise	87
Midwives in nursing homes ceasing to practise	5

(3a) DOMICILIARY MIDWIVES IN ACTIVE PRACTICE

	<i>No. in practice 31.12.64</i>	<i>Number retired during year</i>	<i>Number resigned during year</i>	<i>Transfers</i>	<i>New appoint- ments</i>	<i>No. in practice 31.12.65</i>
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Employed by local authority :

(1) Midwives	...	127	1	9	1 (out)	12	128
(2) Day midwives		22	—	3	1 (in)	2	22

In private practice :

(1) Living in City	...	4	—	—	—	—	4
(2) Living outside City		5	—	—	—	—	3

(3b) VISITS MADE BY DOMICILIARY MIDWIVES

Antenatal visits

Doctor booked	...	...	...	...	...	...	...	46,914
Midwife booked	...	...	...	...	...	...	...	734
Hospital booked	...	...	...	...	...	...	...	330
Investigations	...	...	...	...	...	...	...	6,890
Useless visits	...	...	...	...	...	...	...	10,927
Other visits	...	...	...	...	...	...	...	9,909
								75,704

Postnatal visits

In own area	(a) home delivery	...	...	...	...	68,455
	(b) hospital delivery	...	...	...	...	34,649
In other						
Midwives' areas	(a) home delivery	...	...	...	...	25,070
	(b) hospital delivery	...	...	...	...	14,224
						<hr/> 142,398

(3c)

CLINICS ATTENDED

(a)	at general practitioners' surgeries	...	...	...	...	2,236
	Attendances of patients	...	...	...	...	26,748
(b)	general practitioners at welfare centre	...	...	...	...	1,693
	Attendances of patients	...	...	...	...	13,333
(c)	Public Health medical officer at welfare centre	...	...	...	...	563
	Attendances of patients with doctor	...	...	...	...	3,031
	Midwife only – attendances of patients	...	...	...	...	1,675
(d)	Midwife only – at welfare centre	...	...	...	...	1,830
	Doctors' bookings – attendances of patients	...	...	...	...	10,076
(e)	Relaxation classes – attendances of patients	...	...	...	...	1,506
(f)	Mothercraft classes	...	...	...	...	214

(3d)

AMBULANCE SERVICE

Patients accompanied in ambulances	...	...	...	...	397
Hours away from district on ambulance duty	...	...	...	...	408½ hrs.

(4)

CHEST RADIOGRAPHY OF ANTENATAL CASES

Number X-rayed (full-sized films)

Referred from Local Health Authority antenatal clinics	...	...	...	...	301
Sorrento Hospital antenatal clinic	...	...	...	...	1,300
Lordswood Hospital antenatal clinic	...	...	...	...	515
TOTAL					2,116

Analysis of results:

(a)	Normal cases	...	...	...	...	2,057
(b)	Pulmonary tuberculosis					
	(i) Referred to Chest Clinic (for assessment and/or treatment)	...	...	...	12	
	(ii) Referred to family doctor only	...	...	...	1	
	(iii) No action necessary	...	...	...	12	
TOTAL					25	
(c)	Non-tuberculous conditions of heart or lungs:					
	(i) Referred to hospital or clinic	...	...	...	8	
	(ii) Referred to family doctor only	...	...	...	13	
	(iii) No action necessary	...	...	...	11	
TOTAL					32	
(d)	Failed to attend	...	...	...	...	2

(5)

RELAXATION CLASSES

Classes were taken by physiotherapists weekly at ten centres and fortnightly at two centres; each week by midwives at 17 centres and by health visitors at 11 centres:

Individual mothers attending	...	...	...	...	...	1,944
booked for hospital confinement	...	...	...	...	1,212	
booked for domiciliary confinement	...	...	...	...	732	
Sessions held (relaxation only)	...	...	...	...	...	1,495
Sessions held (relaxation combined with children's remedial exercises)	...	...	...	...	...	250
Total attendances	...	...	...	...	...	9,627
Attendances at associated mothercraft classes	...	...	...	...	...	9,579

(6) CHIROPODY CLINICS FOR ANTENATAL CASES

Total sessions held	75
Total attendances	273
Average number of patients called per session	8
Average number of attendances per session	4

(7) ANALYSIS OF DOMICILIARY CONFINEMENTS ATTENDED
BY MIDWIVES

		<i>City Midwives</i>	<i>Private Midwives</i>
1.	(a) Number of deliveries booked by general practitioner and midwife... ..	5,853	1
	(b) Number of 1 (a) attended by general practitioner at birth	434	1
2.	(a) Cases supervised by welfare centre and midwife	47	—
	(b) No. of 2 (a) for which medical aid was called ...	11	—
	(c) Number of 2 (a) attended by general practitioner at birth	3	—
3.	Cases which were hospital bookings	174	—
4.	(a) Cases not booked by hospital or midwife ...	58	—
	(b) No. of 4 (a) for which medical aid was called ...	25	—
	(c) Number of 4 (a) attended by general practitioner at birth	8	—
5.	Number of babies born in ambulances	5	—
	(a) Hospital booked	4	—
	(b) Not booked	1	—
6.	Number of cases on emergency list for hospital confinement, but delivered at home	2	—
	Total number of deliveries attended during year ...	6,139	—
	Total number attended by general practitioner at birth	445 (7·2%)	—

(8) REQUESTS FOR MEDICAL AID BY DOMICILIARY MIDWIVES
UNDER C.M.B. RULES, ANALYSED BY CAUSE

							<i>Doctor booked for antenatal and postnatal care</i>	<i>Midwife booked and solely responsible</i>
(a)	Mothers							
1.	Antepartum haemorrhage	...	...	...	...	58	3
2.	Chest conditions	...	...	...	...	—	2
3.	Essential hypertension	...	...	...	...	29	—
4.	Hydramnios	...	...	...	...	1	1
5.	Malpresentation...	...	...	...	...	43	4
6.	Multiple pregnancy	...	...	...	...	2	—
7.	Other antenatal conditions	...	...	...	...	60	10
8.	Poor general condition	...	...	...	...	2	—
9.	Toxaemia	...	...	...	...	10	—
10.	Urinary conditions	...	...	...	...	3	1
11.	Varicose veins	...	...	...	...	3	—
12.	Difficult or prolonged labour	...	...	...	...	103	—
13.	Foetal distress	...	...	...	...	66	1
14.	Postpartum haemorrhage	...	...	...	...	41	2
15.	Laceration of perineum	...	...	...	...	274	14
16.	Obstetric shock	...	...	...	...	—	—
17.	Premature labour	...	...	...	...	32	—
18.	Retained placenta	...	...	...	...	40	—
19.	Inflamed breast	...	...	...	...	5	1
20.	Other postnatal complications	...	...	...	...	36	10
21.	Puerperal pyrexia	...	...	...	...	47	1
22.	Thrombosis of leg veins	...	...	...	...	7	2
23.	Abortion	...	...	...	...	10	4
24.	Social conditions	...	...	...	...	—	—
	TOTAL	...	...	...	...	872	56
(b)	Children							
25.	Ophthalmia neonatorum	...	...	...	...	81	8
26.	Premature birth and debility	...	...	...	...	9	—
27.	Convulsions	...	...	...	...	5	—
28.	Deformity or malformation	...	...	...	...	1	—
29.	Jaundice	...	...	...	...	9	2
30.	Umbilical inflammation	...	...	...	...	1	—
31.	Inflamed breasts, or abscess of	...	...	...	...	4	1
32.	Skin eruption pemphigus	...	...	...	...	5	—
33.	Unsatisfactory condition	...	...	...	...	19	3
34.	Other causes	...	...	...	...	37	3
	TOTAL	...	...	...	...	171	17

Pemphigus

During 1965 1 case of Pemphigus was notified in the district.

DOMICILIARY CARE OF PREMATURE INFANTS

In 1965, there were 1,071 premature infants in the following categories and a total of 984 were cared for by the nine premature baby midwives.

1. *Home confinement and baby care at home* 123
There was one set of twins.

Birth weight distribution:

2 lbs. 3 ozs. and under	...	...	...	...	1
2 lbs. 4 ozs.—3 lbs. 4 ozs.	...	...	...	...	1
3 lbs. 5 ozs.—4 lbs. 6 ozs.	...	...	...	...	4
4 lbs. 7 ozs.—4 lbs. 15 ozs.	...	...	...	...	22
5 lbs.—5 lbs. 8 ozs.	...	...	...	...	95

There were three neonatal deaths—2 intra-ventricular haemorrhage and 1 prematurity.

2. *Home confinement with subsequent admission to hospital* ... 74
There were six sets of twins and one baby of twin delivery.

Birth weight distribution:

2 lbs. 3 ozs. and under	...	...	...	...	4
2 lbs. 4 ozs.—3 lbs. 4 ozs.	...	...	...	...	15
3 lbs. 5 ozs.—4 lbs. 6 ozs.	...	...	...	...	16
4 lbs. 7 ozs.—4 lbs. 15 ozs.	...	...	...	...	17
5 lbs.—5 lbs. 8 ozs.	...	...	...	...	22

Reasons for admission to hospital — prematurity (35), hospital bookings (14), poor condition (12), social reasons (6), rhesus incompatibility (1), cerebral haemorrhage (2), miscellaneous (4).

There were 21 neonatal deaths — prematurity (6), respiratory conditions (6), atelectasis (4), congenital abnormalities (2), rhesus factor (1), cerebral haemorrhage (1), intra uterine pneumonia (1).

3. *Home confinement, admission to hospital, care by premature baby midwife on discharge* 42
There were one set of twins and one baby of a twin delivery.

Birth weight distribution:

2 lbs. 4 ozs.—3 lbs. 4 ozs.	...	...	...	...	3
3 lbs. 5 ozs.—4 lbs. 6 ozs.	...	...	...	...	13
4 lbs. 7 ozs.—4 lbs. 15 ozs.	...	...	...	...	8
5 lbs.—5 lbs. 8 ozs.	...	...	...	...	18

There were no neonatal deaths.

Reasons for admission to hospital — hospital bookings (17), prematurity (16), respiratory (3), social reasons (3), miscellaneous (3).

4. *Home confinement, not transferred to premature baby midwife* ... 18

Birth weight distribution:

3 lbs. 5 ozs.—4 lbs. 6 ozs.	...	...	...	...	1
5 lbs.—5 lbs. 8 ozs.	...	...	...	...	17

There was one neonatal death — prematurity.

5. *Hospital delivery, after-care by premature baby midwife* ... 814

There were 41 sets of twins and 32 babies of twin delivery.

There was no neonatal death.

TOTAL	1,071
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HEALTH VISITING

(Section 24 – National Health Service Act, 1946)

On the 31st December, 1965, the Department employed the equivalent of 125 health visitors (115 whole-time and 18 part-time). This was a decrease of three on the 1964 figure.

Visited children under the age of five year totalled 96,007 as compared with 94,867 in 1964. The average case load per health visitor was 768 (an increase of 27 on the 1964 figure). Of the visited children under five years, 13.9 per cent. were of the coloured population (13.3 per cent. in 1964).

The Health Visitors' Training Centre

1. HEALTH VISITORS' TRAINING COURSE OCTOBER 1964 – JULY 1965.

Forty-eight students of the 1964 – 1965 course entered for the Health Visitors' Certificate Examination in July 1965. Forty-seven students were successful. The one student referred passed the examination in September 1965. This was the last examination to be conducted by the Royal Society of Health whose functions are now transferred to the Council for the Training of Health Visitors.

2. HEALTH VISITORS' TRAINING COURSE OCTOBER 1965 – JULY 1966.

The forty-third course of training for the Health Visitors' Certificate commenced on 4th October 1965. The examination will take place in July, 1966.

The response to the advertisements for Birmingham assisted students was an improvement on the previous year. An analysis of the 182 enquiries is shown in the following table:

Application forms not returned	...	...	...	...	...	69
Applications without the required qualifications	...	...	...	...	...	9
Failed entrance examination	...	...	...	...	...	41
Failed to attend for entrance examination	...	...	...	...	...	6
Applications withdrawn	...	...	...	...	...	7
Applications too late to be considered	...	...	...	...	...	14
Transferred to other authorities in the Region	...	...	...	...	...	8
Applicants not resident in the United Kingdom	...	...	...	...	...	8
Failed medical examination	...	...	...	...	...	1
Accepted for training	...	...	...	...	...	19
						<hr/> 182 <hr/>

The City Education Department and local authorities of the West Midlands submitted 50 candidates for the entrance examination and preliminary interview. An analysis of their applications is given below:—

Failed entrance examination	19
Failed to attend entrance examination	3
Applications withdrawn	5
Applications too late to be considered	2
Accepted for training	21
	<hr/>
	50
	<hr/>

The final number of students was 40.

This is the first course under the new syllabus which is based on the view that the health visitor's task has two main aspects. First, the assessment of the health potential of the individual and family group and provision of appropriate health education, and secondly, assessing the needs of the handicapped of all age groups, the implication of their care on the family and their continued maintenance and support in the community.

When designing the syllabus the Council for the Training of Health Visitors envisaged five main points of study which are set out in the following sections:

1. The development of the individual
2. The individual in the group
3. The development of social policy
4. The social aspects of health and disease
5. The principles and practice of health visiting

Of these, the first three are the background of the student's theoretical knowledge and the last two relate to her working situation.

The students, during the introductory fortnight, were given an opportunity through discussions and visits to learn about the organisation of their course and to obtain a deeper insight into the work of the health visitor. An interesting and varied programme was arranged which included meetings with their field work instructors and some of their lecturers.

The academic year is divided into three terms with a short vacation following the Autumn and Spring terms. The theoretical aspect of the syllabus is covered by lectures, tutorials, seminars and discussions, two-thirds of the time being available for these. New avenues of study included in the curriculum are sociology and the social aspects of current medical problems. Applied psychology and the development of social policy are now being studied in greater depth.

As part of their training students are required to undertake some personal study of a chosen topic closely related to their work. These projects will form part of their final examination.

To help the students to assess their progress a certain amount of written work in the form of tests and essays had been undertaken by them at intervals throughout the course.

A new innovation to the practical training has been the appointment of field work instructors who are responsible for organising and supervising the practical work of their students. The maximum number of students permitted to each field work instructor is three.

As well as undertaking home visiting to families selected by their field work instructors, all students are required to submit four case studies to their examiners.

The students have accompanied the school health visitor on visits to schools for periodic medical inspections, vision surveys, nurse's surveys health education sessions and when home visiting. A day has been spent with each of the following: district home help organiser, mental welfare officer, child care officer, public health inspector, geriatric health visitor and tuberculosis visitor. As far as possible students have been allocated to these practitioners within their practical work placement areas, thus giving them a more realistic picture of the available local authority services. Other than appropriate visits of observation to statutory and voluntary services have been included in their programme.

To ease the load on clinic facilities where field work instructors are based, the health visitors in neighbouring Maternity and Child Welfare Centres have kindly accepted students at their clinic sessions. As previously, students will spend a week in a rural district observing the work of the health visitors. This year we have extended our boundaries to include the counties of Derbyshire, Herefordshire and Northamptonshire in addition to Shropshire, Staffordshire, Warwickshire and Worcestershire.

In order to maintain a close liaison between the field work instructors and tutors, meetings are held in the Training Centre at intervals. Opportunities are also given for the field work instructors to attend our discussion groups. We are grateful to the Health Departments of Smethwick, Walsall, Warwickshire and Worcestershire for providing field work instructors and the facilities for practical training.

3. THE TRAINING OF PUBLIC HEALTH TUTORS

Once again we had the pleasure of sharing in the training of the Public Health Tutors when ten health visitor and two district nurse tutor students came to Birmingham on 9th December, 1965, for a week of their courses. Individual programmes were arranged in accordance with the requests of the students, and they also met in discussion with the tutors and sectional heads of the Health and Education Departments of the Corporation.

Mrs. L. M. Hague, Principal Tutor, has again been invited by the Royal College of Nursing to act as an examiner in practice teaching to these courses.

4. STANDING CONFERENCE ON HEALTH VISITORS' TRAINING

Dr. D. F. Mahon, Administrative Medical Officer of Health, and Mrs. L. M. Hague, Principal Health Visitor Tutor, regularly attended meetings of the Standing Conference held at the Ministry of Health as representatives of the Birmingham Course.

Visitors to Welfare Centres

There was a total of 1,225 visitors to welfare centres. The majority of the visitors spent a whole day with a health visitor when they accompanied her on a session of home visiting and attended a clinic session. There were 404 student nurses, 74 student district nurses, 88 medical students, 141 pupil midwives, 22 pre-nursing students, 22 child care officers and 31 social study students. Medical officers and nursing officers visited us from China, India, Japan, Uganda, Guyana and South Africa.

Health Education and the Health Visitor

The health visitor,* by virtue of her contact with the people in their own home, has an excellent opportunity of individual health teaching. In addition, during 1965 group teaching was given in clinic sessions, to schools, youth and adult groups and to elderly people. There were 9,579 attendances at mothercraft classes associated with relaxation classes and 1,995 attendances were made at parents' meetings. Organisers of the B.B.C. television programme for Indians and Pakistanis were assisted by the staff at Lancaster Street centre where a teaching session was filmed. It was felt by the producers of this programme that the health visitors showed an aptitude for the painstaking health teaching involved when language is a barrier.

Refresher Courses and In-service Training

Approved refresher courses arranged by the Royal College of Nursing and the Health Visitors' Association were attended by 29 health visitors and the twelve newly appointed fieldwork instructors attended a course of training at the local Education Centre of the Royal College of Nursing. With the assistance of the Regional Hospital Board, and the particular help of Dr. Owens, Consultant Psychiatrist, All Saints Hospital, two day release courses in psychiatry for health visitors were arranged at Lancaster Street centre. The forty health visitors who underwent this further training have found it very beneficial in dealing with the problems they encounter.

Six staff meetings were held during the year when guest speakers addressed the staff on topical subjects. This was also an opportunity for the Administrative Medical Officers to meet this large staff and discuss departmental procedure.

Special Surveys

During 1965 health visitors participated in the following surveys:—

“Survey of Jaundiced Babies” – *Birmingham Maternity Hospital.*

“National Survey of Childhood Cancers” – *Oxford University.*

“Survey of Cerebral Palsy in Twins” – *Institute of Child Health.*

“Investigations into Post Neo-Natal Deaths” – *Ministry of Health.*

“Health and Development Survey” – *Medical Research Council.*

The survey into the incidence of rickets and scurvy in the pre-school child was continued during the year and the following new cases were notified by health visitors (figures for 1964 in brackets but all known cases 0 – 5 years are included as 1964 was the first year of the survey):—

<i>Nationality</i>		<i>Rickets</i>	<i>Scurvy</i>
English	... ..	6 (7)	— (1)
Irish	... ..	— (2)	— (1)
West Indians	... ..	6 (18)	1
Asiatic Indians	... ..	4 (12)	1
		<hr/> 16 (39) <hr/>	<hr/> 2 (2) <hr/>

Frank malnutrition is very seldom encountered either in the immigrant or native community except where there are grave family social difficulties. Vitamin D deficiency is much more common amongst the immigrant stock. The usual cause is prolonged breast feeding or prolonged feeding on cow's milk. With the Pakistani or Indian mother it is unusual for her to go to work and the child is breast fed with mixed feeding introduced late. In the West Indian community the mother usually goes to work and leaves the child with a compatriot daily minder where the child is fed on cow's milk. Many of these children do not attend welfare centres so the mother does not get instruction nor does the child have vitamin supplements. Although it is stated that pigment of the skin of the immigrant is a contributing cause, cases are not uncommon in English families. Possibly the same determining factor is present — the mother goes to work, the child is kept indoors and fed entirely on the bottle.

Housing Management Department Hostels

Regular visits were paid by health visitors to the hostels for the homeless, the purpose of the visits being to guard against infection, to teach the mothers and supervise the management of the children. Mothers reduced to these circumstances are often greatly distressed and in need of support. Every help was given to the health visitors by the hostel wardens.

general practitioner and health visitor liaison continue to progress and a greater understanding of each other's function begins to emerge. The new amalgamation at Hillmeads Road centre points to a practical method of combining curative and preventive medicine in the best interests of the community.

The following table gives the attendances at general practitioners' premises where a health visitor is present:—

<i>Work of the Health Visitors in General Practitioners' surgeries</i>				<i>Increase in 1965 over 1964</i>	
		<i>1963</i>	<i>1964</i>	<i>1965</i>	
(a) <i>Total attendances other than</i>	(b)				
and (c)		4,492	7,038	7,589	551
0 – 12 months		3,430	5,248	5,359	111
1 year		499	814	1,073	259
2 – 5 years		405	795	997	202
over 5 years		158	181	160	—21
<i>Of these –</i>					
(i) examined by general practitioner		2,877	4,114	4,236	122
(ii) seen and advised by health visitor only		1,615	2,894	3,353	459
(b) Attendances for immunisation		3,159	4,533	8,826	4,293
(c) Attendances at health talks by health visitor		3,774	6,582	3,944	—2,638

Health Visitor follow-up of cases of accidental poisoning

The number of admissions of children under five years of age suffering from poisoning increases. It would seem that with the more medicines and pills dispensed the more children are admitted with poisoning and, in fact, the type of poisoning often reflects the current popularity of a pill or medicine. On looking through notifications year by year the same surnames and addresses occur despite visiting and advice. It seems a pity when so little care and attention could avoid one of these tragedies.

Observation Register : Notification of Congenital Abnormalities

Notifications have been received throughout the year of children born with some adverse family, pre-natal, peri-natal or post natal factor which might lead to the development of a defect, or handicap the child mentally and/or physically. These returns have come from maternity hospitals, midwives and health visitors. Each one has been checked by a medical officer before the child's name was added to the register and the health visitor informed. Notifications from health visitors have become more accurate and informative and fewer cases have to be investigated before a record code card can be completed.

The following table shows the number of individual mothers and children visited during 1965.

<i>HOSTELS</i>	<i>No. of children visited</i>	<i>No. of expectant mothers visited</i>	<i>No. of families visited</i>	<i>Total No. of visits to Hostels</i>
10 Soho Road, Hockley	307	8	185	30
Bourne House, 43 Trinity Road, 20...	76	11	39	48
247 Thimblemill Lane, Nechells ... (Closed 18.10.65.)	331	42	296	47
80 Westley Road, Acocks Green ...	64	12	38	32
112 Moseley Street, 12	222	18	140	27
Milton Grange, 1 Oakland Road, 13	380	31	213	48
306 Station Road, Stechford ...	353	28	217	44
295 Birchfield Road, 20	77	9	37	48
TOTALS ...	1,810	159	1,165	324

Phenylketonuria

The two 1963 births who were discovered by health visitors to be positive cases, continued to make normal progress. A further positive case was detected in September, 1965 when the child was four weeks old. The health visitor accompanied the mother and child to hospital where dietary treatment was speedily commenced. Treatment had been entirely on out-patient lines and the hospital, general practitioner and health visitor have co-operated in helping the parents to rear a baby who is making excellent progress and developing along normal lines.

The incidence in Birmingham is still about 1 in 30,000 births.

Total number of phenylketonuria tests in 1965	...	...	...	21,221
Refusals to permit the test	...	...	...	22
Number of children who left the City before the test		...	...	517
Number of children who died prior to the test		...	...	40

(It was not necessary to refer any urine for further investigation to eliminate possibility of phenylketonuria).

Co-operation with General Practitioners

During 1965 an average of 140 clinical sessions each four weeks were held at practice premises with the health visitor in attendance. The total number of general practitioners involved was 60 in 38 practices. Types of sessions held were antenatal, well baby, well old people and combined antenatal and baby clinics, including immunisation. Experiments in

The maternity hospital notification does not always correspond with the history as recorded by the health visitor. This is especially so with uterine bleeding during the ante-natal period, as the health visitors obtain a history of this in more cases than the hospital. History of foetal distress and/or anoxia is obtained more often from hospital as is to be expected.

Cross checks are made with the register of children with a physical or mental handicap especially with the blind and partially sighted register. The discrepancies in numbers are rather large and it is hoped in 1966 to have more accurate and complete registers of these conditions.

The total number of babies born in the first quarter of 1965 was 5,358 and of these, 1,770 were added to the register (33 per cent.) for the reasons given below:—

Number with adverse pre-natal history	...	...	...	...	818
Number with adverse pre-natal history alone...	...	...	...	...	680
Number with adverse family history alone	...	...	...	...	52
Number with adverse post-natal history alone	...	...	...	...	12

The medical officers saw 922 of these 1,770 babies, a clinical assessment of the child's development was carried out and details recorded on the central code card. It is interesting to note that within one year 418 (23·6 per cent.) were found to have some defect. In addition, 18 infants on the register died within the year and 190 removed out-of-City.

One thousand and six hearing screening tests were carried out on children on the register; however, due to failure of mothers to keep appointments for these tests, many were not made before eight months of age.

In 1966 special clinics to carry out development assessments on children on the register are envisaged. Mothers will be given advice and help as regards further training where a defect is discovered and, where it is thought a child would benefit from group play, there will be offered if possible a place in a day nursery, nursery school, nursery class, training centre or special play group.

Also in 1966, the training of all full-time clinic medical officers in development assessment will be completed so that they will have special skill in early diagnosis of a handicapping condition and will be able to give parents support and advice in dealing with the many problems that arise.

Notification of congenital abnormalities was fair. Not all can be sent to the Ministry as most stillbirths have a post-mortem and results are not to hand in time. A greater percentage of notifications arrived too late to include in the Ministry's return. A combined notification of birth and congenital abnormality has been designed with the hope of simplifying procedure for hospital staff. About one-fifth of the deliveries at City

hospitals, excluding Marston Green, are out-of-City cases. Each medical officer of health uses a different notification form requiring data relating to congenital abnormalities or children 'at risk'. Unfortunately this multiplicity of forms leads to confusion amongst the hospital maternity staff and adds to the difficulty of their work. The following is a complete list as used in a study by the Public Health Department jointly with the Department of Social Medicine, Birmingham University Medical School:-

MALFORMED BIRMINGHAM CHILDREN BORN IN 1965

(DEFECTS NOTIFIED SOON AFTER BIRTH)

	<i>Children with one malformation</i>	<i>Children with two or more malformations</i>	<i>Total</i>
Number of children affected	434	37	471
Number of malformations:			
Mongolism	25	3	28
Anencephalus	37	5	42
Spina bifida (without anencephalus)	37	6	43
Hydrocephalus (without spina bi- fida)	24	2	26
Exomphalos	1	1	2
Oesophageal atresia, etc.	2	2	4
Gut obstruction	5	2	7
Imperforate anus	2	6	8
Renal agenesis	2	1	3
Hypospadias, large clitoris	12	3	15
Other genito-urinary	8	11	19
Cleft lip	19	4	23
Cleft palate (without cleft lip)	7	1	8
Congenital heart disease (without mongolism)	55	10	65
Polydactyly	38	5	43
Syndactyly	17	2	19
Talipes (without other defects)	72	—	72
Unstable hip	19	4	23
Other limb defects	16	9	25
Cataract	1	1	2
Other eye defects	2	2	4
Accessory auricle	10	—	10
Other ear defects	2	3	5
Diaphragmatic hernia	4	4	8
Malformations other than above	17	7	24

This list only includes children with well-established macroscopic abnormalities of structure attributable to faulty development and present at birth. 137 other children who were reported to be malformed have been excluded because the conditions reported did not meet these criteria.

SUMMARY OF VISITS BY HEALTH VISITORS 1964 AND 1965

<i>Home Visiting</i>	1964	1965	<i>Increase</i>	<i>Decrease</i>
No. of area health visitors	128	125	—	3
Case load of children under 5 years	741	768	27	—
No. of Phenylketonuria tests	21,902	21,221	—	681
<i>(a) Routine visits to children under 5 years</i>				
Primary visits	23,132	22,572	—	560
Routine visits 0-12 months	66,240	66,136	—	104
1 year	47,094	47,369	275	—
2- 5 years	102,877	98,615	—	4,262
TOTAL	239,343	234,692	—	4,651
<i>(b) Special visits</i>				
0-12 months	10,513	10,342	—	171
1 year	2,998	3,275	277	—
2- 5 years	5,882	5,380	—	502
<i>(c) Visits to expectant mothers -</i>				
Primary visits	2,422	2,000	—	422
Revisits and special visits	2,396	2,389	—	7
<i>(d) Post-natal visits etc. -</i>				
Post-natal	185	211	26	—
Neo-natal deaths	83	76	—	7
Stillbirths	43	45	2	—
<i>(e) Miscellaneous visits :-</i>				
Scabies	186	221	35	—
Domestic helps	15	20	5	—
Children of school age	943	563	—	380
Adults (other than AN and PN)	1,558	1,676	118	—
Old people (women 65+: Men 65+)	3,125	3,649	524	—
Mentally disordered persons	174	303	129	—
Hospital follow-up (by area health visitors)	790	536	—	254
Infectious diseases (other than T.B.)	331	546	215	—
To general practitioners	210	267	57	—
Re insanitary conditions	67	62	—	5
Housing	93	64	—	29
GRAND TOTAL	271,578	266,317	—	5,261
TOTAL USELESS CALLS	49,436	55,954	6,518	—
<i>Hospital follow-up visits by special visitors</i>	3,145	3,051	—	94
<i>Hostels for the Homeless</i>				
No. of children visited	2,091	1,810	—	281
No. of expectant mothers visited	221	159	—	62
No. of families visited	1,256	1,165	—	91

HOME NURSING SERVICE

(Section 25 – National Health Service Act, 1946)

The total number of cases nursed, 19,363 during the year, has been the highest for the past five years and has only been exceeded once in ten years. The number of visits paid, 607,982, is slightly less than 1964 which was very much above the average. With the policy of reserving the skills of the district nurse to selective nursing care, more home nursing attendants have been employed. The grand total of visits paid by nurses and home attendants during last year was 636,923. The closer liaison with general practitioners resulting in injection and dressings sessions at surgery premises must also have influenced slightly the number of home visits.

The number of new cases by age groups is given below for the years 1960-5 (cases on books at end of preceding year given in brackets):—

<i>Age groups</i>	<i>1960</i>	<i>1961</i>	<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>
0 – 4 	2,118 (43)	1,327 (63)	1,243 (52)	1,430 (47)	1,470 (30)	1,495 (54)
5 – 14 	1,106 (49)	641 (23)	683 (27)	748 (39)	478 (24)	576 (27)
15 – 64 	6,267 (1,088)	6,128 (1,113)	6,085 (1,041)	6,246 (1,029)	6,265 (1,017)	6,400 (1,021)
65+ 	6,791 (2,708)	6,636 (2,715)	6,619 (2,680)	7,074 (2,716)	6,619 (2,913)	6,832 (2,958)
New cases ...	16,282	14,732	14,630	15,498	14,832	15,303
Total cases ...	20,170	18,646	18,430	19,329	18,816	19,363
Visits by nurses and home attendants ...	660,525	619,828	616,074	622,343	631,836	636,923

The greater use of oral antibiotics has very much influenced the number of cases in the 0-14 year age groups whereas the other older age groups show but little variation from year to year. However there is, as is to be expected, a tendency for an increasing number of aged people to remain on the books from the preceding year. Terminal illnesses in the 65+ age group require more visiting, and each visit to the aged is of a longer duration than to a younger person. The volume of work or its nature or intensity is never fully revealed by the statistics.

Referrals by source from 1960 to 1965:—

	1960	1961	1962	1963	1964	1965
General practitioners ...	4,842	13,243	12,741	13,226	12,228	12,501
Hospitals ...	1,080	1,079	1,511	1,771	2,078	2,255
Others ...	360	408	378	501	526	547

There has been a decline in the number of cases referred by general practitioners, again as the widespread use of oral antibiotics, particularly the prolonged winter therapy of chronic bronchitis and the use of oral therapy for the older age groups of diabetics, increases. This loss however has been offset by referrals from the surgical wards of hospitals of early discharge post-operative cases.

Day-time Service

District nurses attend all age groups in a variety of circumstances. Some are cared for and attended to by a devoted family as they should be, others receive barely adequate attention; however there is a third group who either live alone or are ignored or not visited by those who often do not live at a distance and who should be their source of help. However, this group is small, yet increasing yearly.

These factors, not often thought about by the general public, have an important effect on the service. Relatives who are able and willing can be taught how to give necessary care to the patient between the nurse's visits. Where relatives have to go to work or are unco-operative or even hostile and where people live alone, visiting has to be more frequent to ensure that adequate care is given.

Night time Service

For some time a serious gap in the service for adults had been known to exist during the night especially for the elderly living alone or where the husband or wife in an infirm aged couple became ill. A night nurse had been appointed for the Children's Home Nursing Unit in September, 1962. A scheme was introduced during 1965 to provide for acute night emergencies. A night nurse was appointed to take over night duty as a visiting service. However, some patients need constant attention during the night. To meet this demand specially selected home helps were seconded to the night service on a weekly rota. The procedure to obtain the service is that the general practitioner, when the need arises, contacts the ambulance control room which either takes a message for the nurse or asks the nurse to contact the doctor when she comes in. When the nurse visits the patient she decides if continuous care is necessary, and then if necessary summons the home help who travels to the case by taxi.

This additional scheme was also put into operation in 1965 and has worked very successfully. It has ensured that staff are available to visit urgent cases and that ill patients receive adequate attention during the night. Before going off duty the night staff ensures continuity of care by reporting to day staff.

From April to December, 1965 the night nurses paid 64 visits to 42 patients and the night attendant was called out 12 times.

				<i>Cases</i>	<i>Visits</i>	<i>Night Attendant called</i>
April	...	...	...	5	5	2
May	...	...	...	3	9	3
June	...	...	...	5	6	—
July	...	...	...	5	5	1
August	...	...	...	6	11	—
September	...	...	...	7	11	4
October	...	...	...	3	4	1
November	...	...	...	5	10	1
December	...	...	...	3	3	—
				—	—	—
				42	64	12
				==	==	==

In addition to the statutory services, some patients need help from other sources and there are a number of voluntary organisations on which the district nurses can call. Two which deserve special mention for their unfailing assistance are the Aston Manor Nursing Institution, and the Marie Curie Memorial Foundation which latter provides a day and night nursing service for those who suffer from cancer. Our grateful thanks are due to these voluntary bodies for their unstinting help.

Patients

There has been little change in the number and type of patients the district nurses attended in 1965, with the exception of post-operative cases; these have more than doubled during the last five years (see blow). This is due to the early discharge of surgical cases and to the referral of patients from hospital outpatient departments, and is a further step in the closer liaison between the district nursing and the hospital services.

Surgical cases discharged from hospital 1961-1965:—

<i>1961</i>	<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>
676	1,063	1,244	1,519	1,740

Urine Test for New Patients

Albumin and glucose tests of urine of new patients is now an established routine. During 1965 glucose was found in the urine of 21 new patients. The general practitioners concerned were notified.

Installation of an alarm system for a patient suffering from partial Respiratory Paralysis

During the year the first such alarm system was installed in a patient's home in the City. The patient suffers from extensive paralysis following an attack of acute poliomyelitis and uses a Cuiras respirator continuously. If the electric power supply is reduced considerably or there is a power cut, an alarm rings in a district nursing centre which is constantly manned. The nurse then goes to the patient's home and operates the respirator manually. A telephone is also installed in the patient's home so that an ambulance may be summoned whose team help to operate the respirator or transfer the patient to a hospital where a bed is always available if the power cut lasts. A strict procedure has been outlined to both ambulance and nursing staff, and the patient fully informed so that she is spared both anxiety and apprehension, as so often her husband is away from home at work.

Shortly after the alarm was installed, as a result of a power failure, these emergency measures were put into operation and carried out successfully.

Co-operation with General Practitioners

MINISTRY OF HEALTH PILOT SCHEME ON HOME NURSING

The Ministry of Health invited the Home Nursing Service to participate in a pilot scheme to try and define the ratio of home nurses needed per 1,000 of the population if more intensive nursing care were given to patients in their own homes. The survey covered a period of six months and general practitioners from four practices were asked to participate. During the first three months the general practitioners used the service as was their custom and the nurses who attended their patients kept detailed records of each visit. Throughout the second period a district nurse was seconded to each of the practices. Detailed records were kept as before.

The result of the survey has not as yet been published but the general practitioners and the district nurses are unanimous in their opinion that the close co-operation which arose as a result of the survey was instrumental in providing an improved standard of service for the patient. There is no doubt too, that, had there been more home help hours available, more patients could have been nursed at home.

This favourable result has encouraged the Department to continue in its policy of establishing a close liaison between the general practitioners

and the district nursing service, and at the end of 1965 nurses from seven of the eight district nursing centres were participating as follows:—

Aston district nursing centre:

- 1 nurse seconded full-time to a group practice.
- 1 nurse visiting a group practice one afternoon each week and treating ambulant patients.

Bordesley district nursing centre:

- 1 State Registered Nurse and 1 State Enrolled Nurse seconded full-time to a group practice.

Central district nursing centre:

- 1 nurse seconded full-time to a group practice.
- 1 nurse visiting a single practice two mornings weekly to treat ambulant patients.
- 1 nurse attending a doctor's surgery two mornings each week for general discussion and to receive particulars of new cases.

Hall Green district nursing centre:

- 1 nurse attending a doctor's surgery for general discussion during alternate months.

Selly Oak district nursing centre:

- 1 nurse attending a doctor's surgery each alternate month.

Washwood Heath district nursing centre:

- 1 nurse attending a doctor's surgery one afternoon each week to treat ambulant patients and consult with the doctors.

Yardley district nursing centre:

- 1 nurse attending a doctor's surgery once each month.
- 1 nurse attending a group practice one morning each week.

Nechells Green Health Centre

The work carried out by the district nurses attached to the Health Centre has again shown an increase on previous years. The following table shows the total number of cases treated by the nurses:—

1961	1962	1963	1964	1965
7,233	10,491	11,266	11,777	12,177

Sixty-six patients not on the lists of doctors at the centre were treated. The treatments were classified as follows:—

Injections	...	...	...	3,777 + 48
Dressings	...	...	...	5,899 + 18
Others	...	...	...	2,501
				<hr/>
				12,177
				<hr/>
				66=12,243
				<hr/>

Staff Training

During the year 31 state registered nurses completed the course of district training and entered for the examination for the Queen's Roll and the National Certificate of the Ministry of Health; 29 were successful, 2 were referred and have since passed.

Of the 31 students, 21 were existing staff, 6 were trained for other authorities and 4 took the training independently. Eleven of the total number took the full training, 14 who held additional qualifications and 6 others who became eligible through having practised as district nurses for a period of not less than two years, took a shortened course.

Nine state enrolled nurses who entered for the 10 week course of instruction in district nursing and passed the practical and written assessments were awarded certificates by the Queen's Institute of District Nursing.

Three meetings were held when the staff heard lectures on:- 'The Handicapped Child', 'The latest developments in the Public Health Field' and 'The work of the Children's Department'.

Eighteen members of the staff attended refresher courses arranged by the Queen's Institute of District Nursing and the Royal College of Nursing.

Pupil Nurse Training – State Enrolled Nurses

The United Birmingham Hospitals, which are training nurses for the Roll, have prepared a scheme in which four weeks' experience in district nursing is included as part of the two year training. The Queen's Institute has agreed that such experience could count towards the 10 week course of instruction in district nursing for those enrolled nurses who decide to take up district nursing within 12 months of completing the two year training for the Roll.

The Department agreed to participate in this scheme which means that groups of 12 nurses will require experience on the district towards the end of 1966 and afterwards similar groups at four monthly intervals throughout the year. The pupil nurses will be paid throughout the course by the United Birmingham Hospitals who also provide indoor and outdoor uniform.

Increasing numbers of state enrolled nurses are being employed in the Home Nursing Service and it is hoped that participation in this scheme will favour recruitment.

Domiciliary visits with District Nurses

During 1965, 496 students from hospitals accompanied the district nurses on their rounds. Of these, 440 were training for the general register, 23 for the mental register, 60 were pupil nurses training for the roll and 3 were occupational health nurse students.

Staff

In October, 1965, the Deputy Home Nursing Superintendent was appointed to the post of Home Help Organiser; her place had not been filled by the end of the year.

One area superintendent left the service and another was appointed to fill the vacancy.

The following table shows the number of nursing staff in post on 31st December, 1965 compared with those of 31st December, 1964.

	31st December, 1964			31st December, 1965		
	Full time	Part time	Total	Full time	Part time	Total
Superintendent	1	—	1	1	—	1
Deputy Superintendent...	1	—	1	—	—	—
Area Superintendents ...	7	—	7	7	—	7
Assistant Superintendents	1	—	1	1	(Seconded to	1
S.R.N.'s with district training	102	8	110	105	take H.V. Course)	117
S.R.N.'s without district training	20	22	42	16	16	32
S.E.N.'s having taken Course of Instruction ...	23	3	26	30	2	32
S.E.N.'s without Course of Instruction	12	6	18	7	5	12
Student District Nurses...	3	—	3	8	—	8
TOTAL	170	39	209	175	35	210
Home Nursing Attendants	19			23		

Seventeen male nurses are included in the number of full-time nurses employed; one of these is an area superintendent and 2 are seconded to work in the Geriatric section.

Secondment of district nurses to work part-time in the Geriatric Section

As the number of old people in the City has increased the work of the Geriatric section has grown and it has been necessary to employ extra staff in addition to the two male nurses. Accordingly, four experienced Queen's nurses were seconded to this section as follow-up visitors on a part-time basis. It is hoped gradually to increase the number of sessions they do until they are working full-time.

It was of interest to note that the Ministry of Health issued a circular 12/65 together with a Report of a Sub-Committee of the Standing Nursing Advisory Committee in which this procedure was recommended.

Home Nursing Attendants

On 31st December, 1965, 23 Home Nursing Attendants were employed in the Home Nursing Service; this compares favourably with 19 employed on 31st December, 1964. The increase in the amount of work they undertake is shown in the following table.

		1961	1962	1963	1964	1965
Cases ...	...	6,392	7,289	7,098	7,665	8,438
Visits	...	21,536	24,792	22,801	25,970	27,888

Fellowship of the Handicapped

Two members of the district nursing staff accompanied and attended the handicapped on their annual holiday to the Caister Holiday Camp. Although they were kept busy the two nurses enjoyed the experience.

Accommodation

In 1956/57 the district nursing service was re-organised and some of the houses offering residential accommodation for district nurses were closed, others, except for the Training Centre, were converted into single flatlets. The reason why the Training Centre was retained as a hostel was because it was thought that nurses who came from outside the City to take training and those working in the area would have difficulty in obtaining accommodation. Unfortunately, these expectations were not fulfilled and the hostel was consistently under-occupied. It was found that with very little alteration it could be converted into nine flatlets, excluding the self-contained flat which had already been provided for the Superintendent. Each flatlet would consist of a bed-sitting room or a bedroom and sitting room adjoining; a kitchen would be provided for every three flatlets and a bathroom and toilet in the same proportion. During 1965 these plans were put into operation and the first and second floors were converted into six flatlets. The success of the undertaking was shown by the fact that six nurses were waiting to occupy them.

It is hoped to complete the scheme by converting the third floor into three more flatlets during 1966. In the meantime, as accommodation has been available on this floor, it has been utilised by students from the Teachers' Training College.

The Children's Home Nursing Unit

The Children's Home Nursing Unit operates mainly within the inner ring of the City where bad housing conditions are rapidly improving. That this factor should have an effect upon the health of the children is to be expected and it may account for the decrease in the number of children

nursed by the Children's Home Nursing Unit over the past two years as the following table shows.

	<i>B/F</i>	<i>New</i>	<i>Total</i>	<i>Visits</i>	<i>Referred by:—</i>			
					<i>Doctors</i>	<i>Hospital</i>	<i>P.H.D.</i>	<i>Other Sources</i>
1963	69	1,336	1,405	12,398	1,195	127	8	6
1964	34	1,247	1,281	12,122	1,062	141	40	4
1965	55	1,230	1,285	11,735	1,029	156	35	9

The night nurse attended 217 children to whom she paid 615 visits.

Statistics

(1) CASES NURSED BY THE HOME NURSING SERVICE

(a) *Number of patients attended*

Cases on books, 1st January, 1965	...	...	...	...	...	...	...	4,060
New cases attended	...	...	...	...	...	...	...	15,303
Total cases attended	...	...	...	...	...	...	...	19,363
Total visits paid	...	...	...	...	...	...	...	607,982

(b) *Ages of patients*

						<i>Cases on books</i>	<i>New cases</i>
						<i>1st Jan., 1965</i>	<i>1965</i>
Under 5 years	...	...	...	...	...	54	1,495
5-14 years	...	...	...	...	...	27	576
15-64 years	...	...	...	...	...	1,021	6,400
65 years and over	...	...	...	...	...	2,958	6,832

(c) *Cases referred by*

General Practitioners	...	...	...	...	...	...	12,501
Hospitals	...	...	...	...	...	...	2,255
Public Health Department	...	...	...	...	...	...	337
Transferred from other sources	...	...	...	...	...	...	210
							<u>15,303</u>

(2) CLASSIFICATION BY DISEASE OR DISORDER OF NEW CASES DEALT WITH BY THE HOME NURSING SERVICE

(a) *Medical*

Arthritis	...	...	...	...	...	...	385
Respiratory conditions: Bronchitis	...	...	...	...	...	...	1,301
Pneumonia	...	...	...	...	...	...	250
Cardiac disease	...	...	...	...	...	...	901
Cerebral catastrophies	...	...	...	...	...	...	813
Diabetes	...	...	...	...	...	...	414
Malignant disease	...	...	...	...	...	...	1,058
Senility	...	...	...	...	...	...	845
Other medical conditions	...	...	...	...	...	...	4,202
Enemas administered	...	...	...	...	...	...	1,431

(b) *Infectious diseases*

Tuberculosis	...	...	...	...	...	...	...	114
Influenza	...	...	...	...	...	...	...	35
Whooping cough	...	...	...	...	...	...	...	6
Measles	...	...	...	...	...	...	...	64
Other notifiable diseases	...	...	...	...	...	...	...	25

(c) *Midwifery and Gynaecology*

Puerperal pyrexia	...	...	...	...	...	...	...	5
Antenatal complications	...	...	...	...	...	...	...	193
Postnatal complications	...	...	...	...	...	...	...	67
Miscarriages	...	...	...	...	...	...	...	26
Conditions requiring pessary renewals	...	...	...	...	...	...	...	35

(d) *Surgical*

Cases discharged from hospital	...	...	...	...	...	...	...	1,740
Operations at home	...	...	...	...	...	...	...	2
Treatment to ulcerated legs	...	...	...	...	...	...	...	428
Other dressings	...	...	...	...	...	...	...	963
								<hr/> 15,303 <hr/>

(e) *New cases visited, according to disease or disorder, by Children's Unit (included in the above figures)*

Bronchitis, pneumonia, pleural effusion	...	...	...	...	...	...	...	422
Tonsilitis, otitis media, adenitis	...	...	...	...	...	...	...	196
Abscesses, boils and other skin conditions	...	...	...	...	...	...	...	191
Gastro-intestinal conditions, including enemas given	...	...	...	...	...	...	...	111
Infectious diseases	...	...	...	...	...	...	...	65
Diseases of the central nervous system	...	...	...	...	...	...	...	16
Disease of kidney	...	...	...	...	...	...	...	—
Diabetes mellitus	...	...	...	...	...	...	...	5
Pyrexia	...	...	...	...	...	...	...	61
Other medical conditions	...	...	...	...	...	...	...	94
Post-operative conditions	...	...	...	...	...	...	...	41
Orthopaedic conditions	...	...	...	...	...	...	...	2
Eye conditions	...	...	...	...	...	...	...	7
Burns and scalds	...	...	...	...	...	...	...	19
								<hr/> 1,230 <hr/>

LOAN OF NURSING EQUIPMENT

(Section 28 – National Health Service Act, 1946)

The number of articles of sick room and special equipment on loan during 1965 was 15,386 compared with 13,175 during 1964. The amount contributed in loans charges was £2,971, an increase of £350.

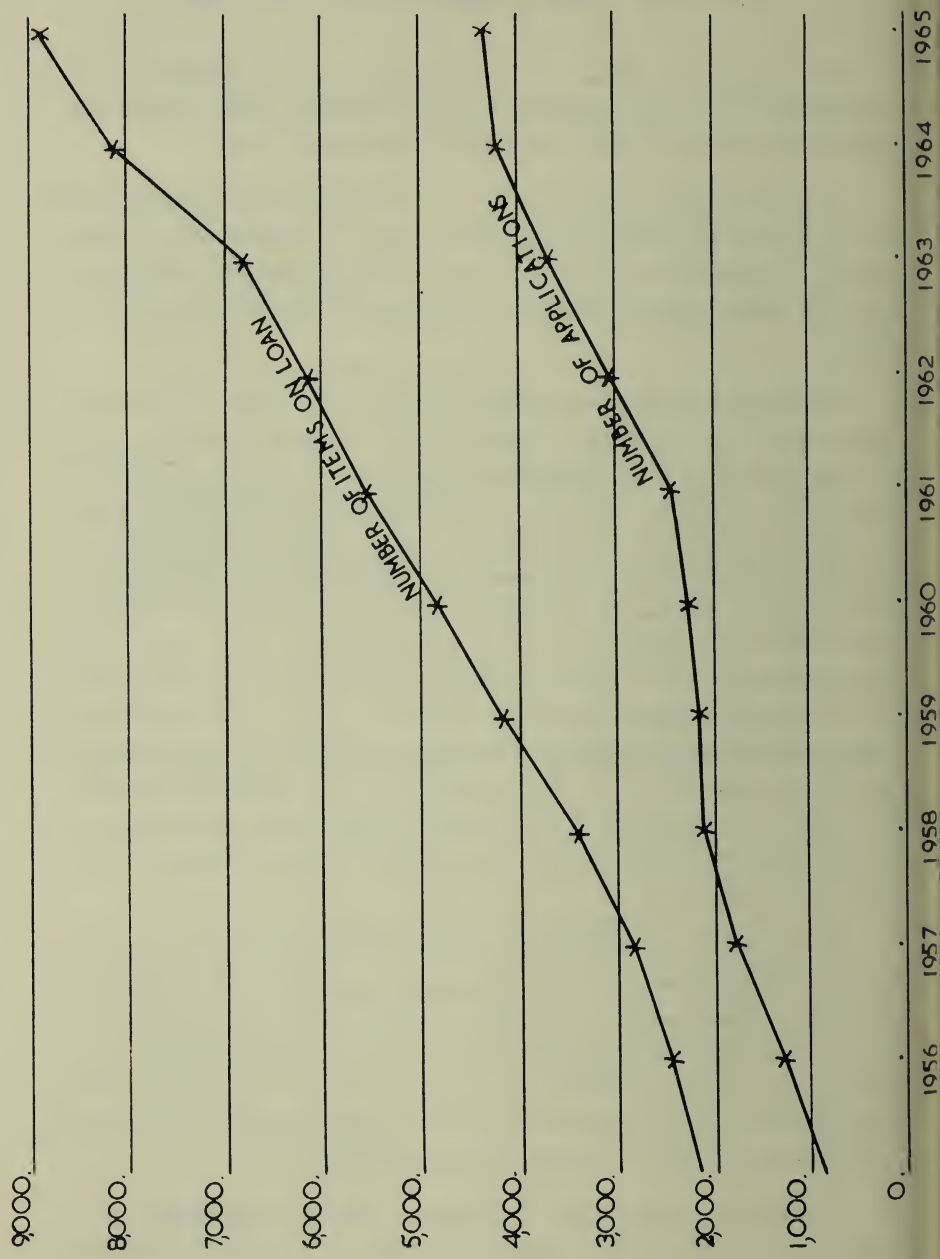
Sick room equipment showed a marked increase and the upward trend of the demand for these items increased after the fall reported for 1964. The rate of increase for the loan of items of special equipment was 9·5 per cent. for 1965 compared with the exceptional increase of 18 per cent. in 1964.

Although the numbers of lifting apparatus and ripple beds on loan were less than the previous year, most of this equipment available was in use continuously. Lifting apparatus, in particular, is used for cases of long term illness or infirmity and the rate of turnover is low. Wheel chairs suitable for carrying in cars have been in heavy demand at the expense of the self-propelling Merlin chairs, while the total number of wheel chairs at 2,045 shows an increase of 12 compared with the previous year. Obsolete chairs have been replaced by a non self-propelling transit type; this is the most suitable chair currently available, which permits a disabled person to be included in family outings by motor car. Apart from being more compact when folded, the elimination of large diameter wheels reduces the weight by about 15 lb. to a more manageable 40 lb. Specialist manufacturers are now producing a wide range of lightweight chairs, some of which are not very robust but are more suitable for private ownership than for use in a loan service.

The adaptation of a manually operated tilting bed to electrical power had been undertaken by a local electrical contractor. The problem of providing a steady speed of operation from an electric motor suitable for use on a domestic supply has now been overcome and it is hoped that the bed will be in use early in 1966. The patient concerned, who has ankylosing spondylitis, has been using a tilting bed since 1958, is now 70 years old and has difficulty in using the manual self-operating gear.

Applications for the loan of equipment from the central stores were 4,440, an increase of 120 compared with 1964. The items distributed consist of special equipment and commodes. The following graph shows the increase in the demands on the service and the number of items on loan over the past 10 years.

LOAN OF NURSING EQUIPMENT FROM CENTRAL STORES



Enuresis alarms were loaned to eleven fewer persons than during the previous year. The demand was greater but unfortunately many were withdrawn from circulation for repair or replacement.

A follow-up of 123 cases who returned alarms gave the following results:—

<i>Age Group</i>	<i>Successful</i>	<i>Not Successful</i>
3 – 7	19	13
8 – 12	40	22
over 12	23	6
	<hr/>	<hr/>
	82	41
	<hr/>	<hr/>

LOAN OF NURSING EQUIPMENT 1963–1965

<i>(a) Quantities of normal sickroom equipment on loan during</i>						<i>1963</i>	<i>1964</i>	<i>1965</i>
Air rings and cushions	...	...	...	...	...	947	825	917
Back rests	...	...	...	...	...	827	805	993
Bed pans	...	...	...	...	...	1324	1187	1403
Commodos	...	...	...	...	...	2058	2325	2494
Leg cradles	...	...	...	...	...	464	474	572
Mackintosh sheets	...	...	...	...	...	1394	894	1506
Sick feeders	...	...	...	...	...	74	82	101
Urinals	...	...	...	...	...	737	660	850
Miscellaneous items	...	...	...	...	...	167	165	243
						<hr/>	<hr/>	<hr/>
						7992	7417	9079
						<hr/>	<hr/>	<hr/>
<i>(b) Quantities of special equipment on loan during</i>						<i>1963</i>	<i>1964</i>	<i>1965</i>
Bedsteads	...	...	...	...	...	736	744	812
Self-operating tilting beds	...	...	...	...	...	3	2	2
Special mattresses	...	...	...	...	...	462	442	466
Ripple beds (Anti-decubiti)	...	...	...	...	...	10	10	9
Fracture boards	...	...	...	...	...	124	150	189
Lifting poles and chains	...	...	...	...	...	282	247	312
Crutches, pairs	...	...	...	...	...	136	160	160
Walking sticks	...	...	...	...	...	931	1217	1335
Walking aids	...	...	...	...	...	270	429	617
Geriatric chairs	...	...	...	...	...	26	39	53
Lifting apparatus	...	...	...	...	...	32	41	33
Wheel chairs	...	...	...	...	...	1206	1295	1476
Merlin chairs (Self propelling)	...	...	...	...	...	586	738	569
Enuresis units	...	...	...	...	...	74	150	139
Bath aids not separately recorded	...	...	...	...	...		94	135
						<hr/>	<hr/>	<hr/>
						4878	5758	6307
						<hr/>	<hr/>	<hr/>

LOAN OF FIREGUARDS

(Section 28 – National Health Service Act, 1946)

The exceptionally high number of requests for the loan of fireguards recorded in 1964 was not maintained in 1965 and the number issued fell to 539 compared with 655 during 1964.

Included in the 484 guards returned during the year were 70 which were not fit for re-issue, and 76 guards were lost as the persons concerned cannot be traced.

The number of guards issued during the past four years has shown little variation except in 1964 when the increase was attributed to the publicity given to burning accidents in the home. It can reasonably be expected that the demands on this service will be stable for the next few years as it continues to provide protection for the aged and infirm and for families where financial circumstances justify the provision of a fire-guard from public funds.

			1963	1964	1965
Number of guards on loan 1st January	...		970	1190	1406
Number issued during year	...	...	543	655	539
			<hr/>	<hr/>	<hr/>
			1513	1845	1945
Number returned during year	...	...	323	439	484
Number on loan 31st December	...	...	1190	1406	1461
			<hr/>	<hr/>	<hr/>

DOMICILIARY LAUNDRY SERVICE

(Section 28 – National Health Service Act, 1946)

There was an increase in demand for the service during 1965 and in only two months, February and October, were there fewer applications recorded than for the corresponding months in 1964. The service was provided for 997 persons who paid £2,852 in charges, an increase of 83 persons and £172 respectively, on 1964.

With the introduction of incontinence pads as an integral part of the laundry service in June it was an opportunity to reorganise and provide a once weekly service. The provision of these pads is limited to approximately 45 persons receiving laundry service and no variation is made in the normal laundry service charge. Water repellent bags are provided for containing the soiled pads before inclusion in large paper sacks for collection. In the seven months 30,000 soiled pads were delivered to the Tame and Rea Drainage Board for destruction by the masticators there. This method has proved to be effective and economical. The cost of supplying the pads, bags and sacks has averaged approximately ten shillings per person per week.

The reorganisation of the service has reduced the linen handled at the Department's laundry, the vehicle mileage and the clerical work involved in the preparation and checking of delivery schedules. The weight of the linen handled in 1965 was 93 tons, a reduction of 12 tons from 1964, and this represents a 19 per cent. reduction when related to the increased number of persons. At the same time the number of delivery rounds has been reduced from 22 to 16 by eliminating the majority of the twice weekly calls but it has been necessary to increase the allocation of linen to the persons previously receiving twice weekly deliveries. The introduction of disposable pads on a limited scale not only gave an opportunity for the re-organisation of the laundry service but also allowed expansion of the service at a time when it was difficult to maintain the establishment of clerical, transport and laundry staff.

DOMICILIARY LAUNDRY SERVICE 1963-1965

		1963	1964	1965
Number of cases on books 1st January	...	221	258	250
New applications during the year	...	692	656	747
		<hr/>	<hr/>	<hr/>
TOTAL	...	913	914	997
Cases removed from books during the year	...	655	664	731
		<hr/>	<hr/>	<hr/>
Number of cases on books 31st December	...	258	250	266
		<hr/>	<hr/>	<hr/>

ANALYSIS OF CASES FOR 1965

1965 Quarter ending	No. of approved applications	Service discontinued			
		Died	Hospital	Other Reasons	Total
31 March ...	213	103	61	26	190
30 June ...	155	79	73	35	187
30 September	164	94	48	19	161
31 December	215	103	65	25	193
	747	379	247	105	731

AMBULANCE SERVICE

(Section 27 – National Health Service Act, 1946)

The grand total of patients conveyed by the Ambulance Service during 1965 was 532,446 compared with 479,236 in 1964, an increase of approximately 12 per cent. which is double the average increase of recent years.

Removal cases accounted for the majority of the increase, there being a rise of 51,390 in this category, the greater part being borne by the directly provided service. It was, however, necessary to call upon private hire cars to a much greater extent than before. This is illustrated in the following table.

Hospital Removal Cases

					1964	1965
Directly provided service	...	...	...	...	396,664	431,799
Hospital Car Service	...	...	...	...	35,189	34,770
Private hire cars	...	...	...	...	25,517	42,191
					<u>457,370</u>	<u>508,760</u>

The trend in the number of cases conveyed by directly provided ambulances of the Removals Section of the Service over the past four years is illustrated:—

Year	<i>Patients conveyed by directly provided ambulances of Hospital Removal Service</i>			<i>Comparison with previous years Increase</i>
1962	361,604	1,801
1963	377,844	16,240
1964	396,664	18,820
1965	431,799	35,135

Detailed statistics under various classifications are shown in the following table, which also gives comparative figures for the past five years.

HOSPITAL REMOVAL AMBULANCES (DIRECTLY PROVIDED)
COMPARATIVE ANNUAL TOTALS OF CASES CARRIED ACCORDING TO
CLASSIFICATION

<i>Analysis</i>			<i>1961</i>	<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>		
	Clinic cases	...	271,422	273,398	289,956	311,459	349,949		
	Admissions	...	31,847	33,902	36,818	35,278	35,094		
	Discharges	...	29,698	29,899	31,314	31,216	29,385		
	Transfers	...	8,400	8,671	8,605	7,598	7,587		
	Emergency								
	Maternity Service		137	179	136	130	98		
	Maternity	...	9,086	9,180	9,379	9,478	8,703		
Out- posted units	{	Monyhull—							
		Mental	...	547	542	552	464	—*	
		Yardley Green—							
		Tuberculosis	...	7,368	4,733†	—	—	—	
	Miscellaneous	...	1,298	1,100	1,084	1,041	983		
TOTALS			359,803	361,604	377,844	396,664	431,799

Notes: *As from 1st January 1965 cases to psychiatric hospitals are placed in other categories, *i.e.*, admissions, discharges, clinics, etc.

†As from 1st August 1962 tuberculosis cases are placed in other categories, *i.e.*, admissions, discharges, clinics, etc.

TOTAL NUMBER OF PATIENTS DIVIDED INTO STRETCHER AND
SITTING CASES

(Directly provided ambulances)

			<i>1961</i>	<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>
Stretcher cases	...	...	80,982	88,521	92,448	94,336	98,878
Sitting cases	...	...	278,821	273,083	285,396	302,328	332,921
TOTALS	...	...	359,803	361,604	377,844	396,664	431,799

Trends in this ratio over the past four years are shown:—

RATIO OF SITTING TO STRETCHER CASES

(Directly Provided Ambulances)

1962	3·08 : 1
1963	3·01 : 1
1964	3·20 : 1
1965	3·36 : 1

Principal variations in the classified analysis of the patients carried by directly provided ambulances of the Removals Service occurred as follows:—

<i>Increase</i>	Clinic cases (all forms of our-patient treatment)	...	38,490
<i>Decrease</i>	Discharges ...	...	1,831

Accident Ambulances

Nine Ambulances based on two Ambulance Depots and six Fire Stations continued to provide cover for accidents and other emergencies.

There was a substantial increase in the number of calls and casualties carried by the Accident Section, the comparative figures being as follows:—

	1964	1965
Calls	23,236	25,439
Casualties	21,866	23,686

Under mutual assistance arrangements with neighbouring Authorities, the Service provided accident ambulances in response to 67 incidents outside the City boundary.

A detailed analysis of calls, classified injuries, hospitals to which casualties were conveyed and the number of fatalities, with comparative figures for the previous year, is shown in the following tables:—

ACCIDENT AMBULANCE CALLS

LOCATION OF CALLS

	1964	1965
Street accidents involving vehicles	5,006	5,437
Factory accidents	1,231	1,284
Private houses	7,482	8,883
Offices	138	153
Shops and restaurants... ..	717	802
Outdoor (other than street accidents)	3,826	4,294
Licensed premises	696	780
Schools	605	584
Cinemas and theatres	107	87
Other premises	2,902	2,542
False alarms (malicious)	526	593
TOTAL	23,236	25,439

CLASSIFICATION OF INJURIES TO PATIENTS CARRIED IN AMBULANCES

	1964	1965
Fractures	1,667	1,529
Wounds	4,777	4,803
Collapse, fits, strokes	4,104	4,530
Abrasions and bruises	901	896
Gas poisoning	260	237
Drowning	10	12
Eye Injuries	117	168
Dislocations and sprains	170	187
Hanging... ..	2	2
Concussion, shock	1,943	2,217
Haemorrhage	677	763
Scalds and burns	521	524
Poisoning	773	833
Not classified	5,944	6,985
TOTAL	21,866	23,686

DESTINATION OF CASUALTIES

						1964	1965
Accident Hospital	...	...	...	...	...	5,059	5,466
General Hospital	...	...	...	...	...	7,812	8,548
Selly Oak Hospital	...	...	...	...	...	2,991	3,262
Dudley Road Hospital	...	...	...	...	...	2,882	3,298
East Birmingham Hospital	...	...	...	...	...	1,735	1,888
Queen Elizabeth Hospital	...	...	...	...	...	471	173
Other Hospitals	...	...	...	...	...	707	844
Casualties actually carried in ambulances but not taken to hospital	...	...	...	...	...	209	207
TOTAL						21,866	23,686

FATALITIES

						1964	1965
Number of persons found dead on arrival of ambulances	...	...	...	...	...	338	387

METHOD OF TRANSMISSION OF CALLS

							1965
G.P.O. "999" system	...	...	...	...	...	...	20,558
Police Information Room	...	...	...	...	...	...	2,631
Exchange telephone	...	...	...	...	...	...	1,559
Private wire telephones	...	...	...	..	...	...	8
Messenger	...	...	...	...	...	...	283
Radio	...	...	...	...	...	...	132
Observed by ambulance crew	...	...	...	...	...	...	268
TOTAL						...	25,439

Ambulance Fleet

Two Dual Purpose (Stretcher) Ambulances were added to the fleet during the year. The 20 seater coach was replaced by a 30 seater coach and a car replaced by a Sitting Case Ambulance. The fleet strength is now as follows:—

Dual Purpose (Stretcher) Ambulances	.....	.....	.....	.....	74
Sitting Case Ambulances	.....	.....	.....	.....	30
Sitting Case Cars	.....	.....	.....	.....	2
Ambulance Coach (30 Seater)	.....	.....	.....	.....	1

The following table shows the incidence of accident cases during the day in relation to the age group of casualties.

NUMBER OF PERSONS OF VARIOUS AGE GROUPS CARRIED IN ACCIDENT AMBULANCES
DURING EACH HOUR OF THE DAY

Age Group	HOURS OF THE DAY																							Total	
	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23		23-00
5 and under 5	44	23	20	16	17	12	13	24	38	50	98	125	160	182	161	197	196	162	141	111	90	78	79	65	2,102
6-10	8	7	5	1	—	4	2	4	37	29	49	67	113	110	88	120	164	123	106	90	56	36	27	21	1,267
11-15	13	6	3	2	3	3	1	15	69	51	77	101	111	140	103	115	124	99	82	67	94	83	73	39	1,474
16-20	188	106	67	32	17	18	17	81	118	81	111	114	161	141	140	152	78	214	133	160	171	220	340	383	3,243
21-25	223	132	83	66	35	24	16	47	72	68	63	112	90	101	102	137	103	116	103	97	91	127	198	349	2,555
26-30	127	70	56	42	31	27	19	36	49	49	64	75	74	72	80	105	93	83	62	78	67	94	123	229	1,805
31-35	84	42	37	31	15	17	16	25	44	38	46	52	57	54	60	68	69	74	56	62	55	71	107	188	1,368
36-40	80	39	26	27	16	8	15	29	36	52	54	44	47	65	71	68	58	62	56	56	69	67	97	154	1,296
41-45	79	30	27	19	12	16	10	34	45	48	52	65	62	65	69	85	78	80	38	50	41	74	101	158	1,338
46-50	57	29	14	14	13	9	12	51	43	49	61	68	62	71	72	68	55	78	45	43	50	54	101	137	1,256
51-55	42	19	11	17	7	10	12	49	38	51	52	59	48	58	79	76	72	61	40	46	47	55	85	105	1,139
56-60	28	25	15	12	7	8	15	41	53	37	62	94	70	78	85	72	72	95	47	44	56	52	87	97	1,252
61-65	18	13	7	6	8	5	20	28	39	51	49	64	82	62	74	74	59	55	47	40	36	52	47	65	1,001
66-70	21	6	7	2	4	2	10	20	12	28	41	56	58	54	68	61	42	43	19	37	32	22	48	42	735
Over 70	30	10	11	7	6	14	15	22	55	59	120	134	165	126	136	112	101	93	62	61	59	64	70	57	1,589
Unknown Age	10	6	2	3	2	2	1	6	8	16	10	9	19	14	14	18	13	18	7	9	10	8	20	41	266
TOTAL	1050	563	291	207	102	170	164	519	756	757	1006	1230	1379	1393	1402	1528	1377	1456	1044	1051	1024	1157	1603	2130	23,686

Conveyance of Patients by Rail

Wherever possible long distance cases were conveyed on the ambulance/rail/ambulance basis. Some 596 cases were carried on this basis during the year as compared with 767 the previous year.

Service ambulances were provided at the request of other Local Health Authorities to meet trains at City Railway Stations and transport some 575 patients either to final destinations or to other railway stations to continue journeys.

Mutual Assistance

Some 74,654 patients were conveyed on over-the-border journeys during the year, either outwards from the City or inwards to the City, pursuance of a policy of the utmost co-operation with neighbouring Authorities to secure economy in the use of ambulances.

Maternity Cases

A decrease occurred in the number of maternity cases conveyed from home addresses to various maternity hospitals during the year, the total being 8,703 as against 9,478 the previous year.

There were 98 calls for ambulances for the Emergency Maternity Service operated by Loveday Street Maternity Hospital as against 130 in the previous year. Some 65,190 cases were conveyed to and from Marston Green Maternity Hospital by the ambulance coach for out-patient treatment. This represents an increase of 16,660 on the figure of 48,530 for the previous year.

Mileage

The following table shows the division of mileage into the Sections of the Service over the past five years.

	1961	1962	1963	1964	1965
Hospital removal					
ambulances ...	1,533,559	1,604,459	1,675,362	1,718,930	1,665,998
Accident ambulances ...	132,330	123,942	122,029	134,122	145,405
Outposted ambulances ...	62,453	—*	—	—	—
	<hr/> 1,728,342	<hr/> 1,728,401	<hr/> 1,797,391	<hr/> 1,853,052	<hr/> 1,811,403

Note: *During 1961 ambulances outposted and dealing with external work at Yardley Green and associated hospitals were withdrawn to Henrietta Street Depot.

Hospital Removal and Outposted Ambulances

As illustrated, substantial economy in mileage in relation to the number of patients carried was achieved during the year.

<i>Year</i>	<i>Cases Carried Monthly Average</i>	<i>Mileage Monthly Average</i>	<i>Miles per Patient Average</i>
1961	29,984	133,001	4.44
1962	30,134	133,705	4.44
1963	31,487	139,614	4.43
1964	33,055	143,244	4.33
1965	35,983	138,833	3.86

Staff

Details of the establishment and strength of the Ambulance Service at the end of 1965 are as follows: -

<i>Operational and Depot Staff Establishment</i>				<i>Strength at 31.12.65</i>		
				<i>Men</i>	<i>Women</i>	<i>Total</i>
Ambulance Officer ...	1			1	—	1
Ambulance Depot Superintendents ...	2			2	—	2
Hospital Liaison Officer	1			1	—	1
Ambulance Training Officer ...	1			1	—	1
Traffic Controllers ...	10			8	—	8
Clerks ...	5			1	4	5
Storekeeper ...	1			1	—	1
Depot Drivers ...	3			2	—	2
Depot Assistants ...	3			3	—	3
Ambulance Cleaners ...	13			4	—	4
Cooks and Cleaners ...	3			—	2	2
	(whole-time)					
	3			—	5	5
	(part-time)					
Leading Drivers ...	22			12	—	12
Drivers and Attendants	254			233	9	242

Ambulance Control

Control Duty Officer	1			1	—	1
Traffic Controllers ...	6			5	—	5
Senior Leading Control Operative ...	1			—	1	1
Leading Control Operatives ...	3			—	3	3
Control Operatives ...	32			4	26*	30

*Includes 6 part-time.

Bed Bureau

There was a decrease in the number of requests placed with the Emergency Bed Bureau operated by the Ambulance Service on behalf of the Birmingham Regional Hospital Board. 15,930 requests were received from General Practitioners, etc., beds being obtained in 15,391 of these cases.

The figures for the previous year were 16,367 requests, beds being obtained in 15,751 cases.

Voluntary Service

HOSPITAL CAR SERVICE

Substantial assistance was again given by the British Red Cross Hospital Car Service as is illustrated in the following table:—

							<i>1964</i>	<i>1965</i>
Patients	...	...	...	...	...	...	35,189	34,770
Mileage	...	...	...	...	...	...	256,482	259,002

ST. JOHN AMBULANCE BRIGADE

Continued valuable assistance was given by the St. John Ambulance Brigade in providing ambulance crews for additional cover at certain periods, whilst the Service is again indebted to those voluntary members of the St. John Ambulance Brigade, the British Red Cross Society and the Women's Voluntary Services, who acted as escorts for patients conveyed by rail.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28 – National Health Service Act, 1946)

CARE OF THE AGED

The work of the geriatric services continues to be of a co-ordinating educational and informative nature, directed towards preventing chronic illness and rehabilitating the elderly in the community. Most elderly persons want to spend the evening of their lives at home and this is conducive to their happiness. The concept of keeping the elderly in the community is important and must be promoted. To achieve these objects the supportive domiciliary services are made available to those in need. There is a close liaison among the statutory bodies themselves and with the voluntary services to enable integration of resources which are limited and must be used to the best advantage. As the public becomes aware of the domiciliary services more cases are referred each year and it is essential that the services be augmented.

The geriatric health visiting section has been completely decentralised by dividing the city into four regions each of which is approximately the catchment area of a hospital to which the health visitor is attached. The four geriatric offices are at welfare centres – Nechells Green, Yardley Wood, Selly Oak and Carnegie. The final phase of decentralising the male visitors' service was completed towards the end of 1965. One male geriatric visitor is based at the Carnegie Institute and covers the northern part of the city; the other male geriatric visitor is based at Selly Oak and covers the southern part of the city. These arrangements have brought closer co-operation with the general practitioners, social welfare officers and workers from the voluntary organisations. Cases are discussed informally with the social workers concerned and appropriate help is given. To avoid multiplicity of visiting, cases where services under the National Health Services Act are provided are supervised by the geriatric health visitor; cases where services under the National Assistance Act are required are transferred to the social welfare officer. In border-line cases the main problem presenting is taken as the guiding factor. The adoption of these criteria has reduced the overlap between the Health and the Welfare Departments to a minimum. Furthermore it has fostered a better understanding between the field workers and the cases are supervised more effectively.

More people are living longer due to advances in medicine and improved social standards. About 96 per cent. of the elderly persons live at home. This emphasises the need for developing the geriatric service actively if we are to meet the challenge of advancing age. The number of persons over the age of 65 years in the city according to the Registrar

General's 1961 census was 112,025 representing 10·1 per cent. of the total population; the estimated number in 1965 is 120,000 which represents 10·9 per cent. of the total population. The projected figure for 1971 is 131,000 i.e. 11·9 per cent. of the population. Expansion of the domiciliary geriatric service must be undertaken now to relieve a crippling strain on the services and ensure an adequate supportive service for the aged in the coming years.

The voluntary organisations are making a substantial contribution. The Birmingham Council for Old People is now running fifteen day centres and one day club; a further six day centres are maintained by other organisations. The meals on wheels service delivered 73,978 meals during the year – an increase of 1,6094 over the previous year. The Women's Voluntary Service co-operate with the Birmingham Council for Old People and Birmingham Settlement in running the meals on wheels service. The Visiting Service for Old People, under the auspices of the Birmingham Council for Social Service, continued to contribute their share towards the welfare of the aged by visiting the old people and providing help. During the year, the Birmingham Young Volunteers Trust joined in this programme; the volunteers undertake various duties such as shopping, decorating, cleaning, gardening, etc. Such projects are a source of social education for the persons participating in them and act as a link between the elderly and the community.

There were 6,759 persons under surveillance by the geriatric section at the end of the year as compared with 5,287 in 1964 – an increase of 1,472 cases. The number of new cases increased to a record figure of 2,332. The geriatric visitors paid 9,359 visits in addition to 3,649 visits by district health visitors in the course of their general duties. Of the new cases visited, 73·5 per cent., were women. The majority of new cases, 61·1 per cent., were over the age of 75 years and 41·8 per cent. were living alone. These statistics reveal that the largest group requiring supportive domiciliary services are persons who are over the age of 75 years and are living alone.

The bathing scheme for the infirm elderly started in 1955 and continues to provide a valuable service: 137 elderly persons who had no home bathing facilities had 1,377 baths at the Health Department's cleansing station at Bacchus Road. Of the 137 old people availing themselves of this service, 60 were new cases.

A domiciliary supportive service for the housebound is provided by the Home Nursing Attendants. Reference is made to this in the report of the Home Nursing Service.

Statistics

	1965	1964	1963
Cases on geriatric register on 1st January,			
1965	5,287	3,993	3,293
New cases added during the year ...	2,332	1,899	1,682
Cases remaining on register at the end of			
1965	6,759	5,287	3,993
Cases admitted to hospital	691	574	706
Deaths	583	646	586
Cases referred to Welfare Dept. ...	154	114	49
Total visits paid by special health visitors	9,359	9,425	8,679
Total visits paid by health visitors on			
general duties	3,649	3,125	3,173
Consultations with special health visitors	11,435	5,053	—

ANALYSIS OF NEW CASES DURING 1965 TOTAL—2332

		Number	%
SEX	Male	617	26·5
	Female	1,715	73·5
AGE (YEARS)	60 – 64	226	9·7
	65 – 74	682	29·2
	75+	1,424	61·1
HOUSEHOLD CIRCUMSTANCES	Living alone	975	41·8
	Living with relatives ...	418	17·9
	Living with spouse ...	744	31·9
	Living in lodgings ...	195	8·4

Chiropody Services

The demand for chiropody continues, although, owing to bad weather, illness and change of address, etc. amongst the old people, there was a considerable drop in the number of attendances at clinics. The number of part-time chiropodists at the end of the year was five.

	Sessions	Treatment given	No. of patients
Clinics	191 (198)	875 (1,079)	324 (627)
Domiciliary	436 (373)	2,121 (1,523)	827 (747)

(1964 figures in brackets).

In addition to the Local Authority services, the Birmingham Council for Old People continued to operate their original scheme. During the year 4,356 patients received treatment, 1,482 in their own homes.

HOSPITAL FOLLOW-UP WORK BY HEALTH VISITORS

It was in April, 1952, that the first formal liaison was made between a health visitor and the Birmingham Children's Hospital. This consisted of regular sessions spent in discussion with consultants, medico-social

workers and ward sisters. Follow-up visits were paid to the homes of children who needed special help. This initiative by the Public Health Department was soon taken up by the city hospitals as follows:—

Queen Elizabeth Hospital	— November, 1952
Dudley Road Hospital	— November, 1952
Selly Oak Hospital	— December, 1952
East Birmingham Hospital	— December, 1952
Royal Orthopaedic Hospital	— January, 1954
Accident Hospital	— April, 1954
General Hospital	— February, 1956

During 1965 twelve health visitors were attached in a part-time capacity to eight city hospitals. Five health visitors worked mainly with the follow-up of children from Birmingham Children's, Dudley Road, East Birmingham and Selly Oak Hospitals, and two health visitors assisted with the follow-up of diabetic patients attending the General and Selly Oak Hospitals. The health visitor attached to the Accident Hospital dealt with a wide age group ranging from elderly persons who had suffered falls to young children who had suffered burns or scalds. The referrals from the Orthopaedic Hospital dealt mainly with elderly persons who had undergone surgery for crippling conditions. The health visitor attached to the Queen Elizabeth Hospital was required to visit persons suffering from chronic or progressive diseases—malignancy in its many forms, cardiac conditions and diseases of rheumatic and neuropathic origin. Two health visitors shared the visiting for the Venereal Disease Department of the General Hospital in order to check on clinic defaulters and trace contacts.

Statistics

WORK OF THE HOSPITAL FOLLOW-UP VISITORS

<i>Hospitals</i>				<i>Sessions at hospitals</i>	<i>Visiting sessions</i>	<i>Individual patients visited</i>	<i>Visits to patients' homes etc.</i>
Accident	...	...	...	37	42	68	78
Children's	...	...	...	76	91	264	353
Dudley Road	1	...	...	55	48	152	209
	2	...	...	33	13	38	46
General (Diabetic)	...	...	...	47	102	313	450
	(Special 1)	...	...	40	90	87	177
	(Special 2)	...	...	33	134	306	459
East Birmingham	...	...	...	30	31	136	141
Queen Elizabeth	...	...	...	99	83	194	395
Royal Orthopaedic	...	...	...	40	93	279	351
Selly Oak (Paediatric)	...	...	...	45	76	189	241
	(Diabetic)	...	...	45	47	74	151
1965	...	...	...	580	850	2,100	3,051
1964	...	...	...	592	819	2,116	3,132

RECUPERATIVE CONVALESCENCE

During 1965, 352 applications for convalescence were dealt with by the Department, compared with 488 in 1964. As in previous years, the majority of applicants were referred by their general practitioners. Women patients were nearly three times as numerous as men, this inequality being particularly marked in the 65+ age group. Many enquiries not included in the above figures were received without the support of a medical certificate; medical evidence did not materialise and the applications were not recorded.

Of the 352 applicants, 170 were sent to convalescent homes. The Birmingham Hospital Saturday Fund accommodated 147 and 23 were sent to homes more suitable to their individual needs. Of the remaining 182, 66 applications were cancelled, mostly by the patients themselves and some by the Department after applicants failed to respond to any communications, or were found to be eligible to go free of charge under direct contributions to the Birmingham Hospital Saturday Fund. In the latter cases, applicants were instructed to apply to the firms where the contributions were made. After further reference to the general practitioners concerned, 116 applicants were refused as not coming within the Health Committee's terms of reference for recuperative convalescence (i.e. a recent acute illness or operation, or special circumstances which have caused mental or physical ill health).

The following table gives the ages and sex of patients who took convalescence in 1965.

								1965	1964	1963
Age		0-4	5-15	16-44	45-64	65-74	75+	Total	Total	Total
Males	...	1	3	6	15	11	5	41	69	67
Females	...	0	11	16	34	40	28	129	199	195

A substantial number of those accepted were elderly; 39 per cent. of the men and 60.5 per cent. of the women were aged 65 years and over.

As in previous years, applications were received from people in the 65+ age group who, although in reasonably good health, had not been able to afford a holiday for many years. Voluntary organisations who arrange spring and autumn holidays for old people at reasonable charges were suggested to such applicants, but in most cases their very limited financial resources precluded them from going any further in the matter. Where people in this age group were acceptable for convalescence, age proved no obstacle to acceptance. The Birmingham Hospital Saturday Fund accommodated nine patients over 80 years old, and the Raymond Priestley House and Neville Williams House in Birmingham (owned by

the Birmingham Council for Old People) accommodated others who were recovering from a recent illness but whose age rendered them too infirm to travel very far afield.

The table below shows, in relation to each medical category, the number who applied for convalescence and the number who were accepted:

							<i>Applied</i>	<i>Accepted</i>
Respiratory diseases	...	...	...	...	...	...	75	33
Debility...	...	...	...	...	...	...	49	27
Post-operative	...	...	...	...	...	...	71	51
Rheumatism and arthritis	...	...	...	...	...	...	21	6
Mental illness	...	...	...	...	...	...	24	11
Organic nervous disease	...	...	...	...	...	...	7	3
Heart disease	...	...	...	...	...	...	31	13
Gastro-intestinal disorder	...	...	...	...	...	...	6	2
Anaemia	...	...	...	...	...	...	9	3
Accidents	...	...	...	...	...	...	16	9
Hypertension	...	...	...	...	...	...	4	1
Ulcers, peptic	...	...	...	...	...	...	5	1
Tuberculosis	...	...	...	...	...	...	3	1
Arterio-sclerosis	...	...	...	...	...	...	1	0
Senility	...	...	...	...	...	...	0	0
Miscellaneous	...	...	...	...	...	...	30	9

In 1965 the largest group of persons accepted for convalescence was post operative cases (51) with respiratory disease (33) second.

HEALTH EDUCATION

Preventive medicine can be practised at various levels but fundamental to them all is a proper understanding of health and its preservation. The Health Department attempts to achieve this in two ways; on the one hand, by lectures and courses of instruction which it provides for children and adult lay groups; on the other hand, by providing a specialist Health Education Section which, with formal and informal contact with the professional staff of the Department, ensures that the significance of Health Education cannot be overlooked by these workers as they go about their daily tasks.

Lecture Programme

SCHOOLS

The number of schools visited has decreased, resulting in a slight reduction of lectures to 4,232 as against 4,602 in 1964, the main reason being the closure of some schools.

Five grammar schools again attended a course on environmental hygiene together with visits of observation.

GENERAL

The health education organisers and the representatives of the various groups met and discussed topics to which we wished to draw special attention during the year, including the proposed cancer education programme.

Special emphasis has been given in youth groups to "Smoking and Health" in addition to the talks given on the subject in schools. The film "Smoking and You", which was purchased from the Ministry of Health, has proved a successful method of provoking discussions. Talks on venereal disease have also been given to youth groups. The sound film strip "How was I to Know" has been used for discussions and the film "Quarter Million Teenagers" has been borrowed as a visual aid.

The number of talks given to youth and adult groups was 776 youth, 312; adults, 464.

In-Service Study

During the year three in-service study weeks were arranged for the health visitors, social workers of the Department and representatives from interested organisations and adjacent local authorities. The meetings proved a great success and this was reflected in the interest of staff, public and commercial concerns and in subsequent requests for talks, advice, leaflets and posters on the subjects concerned.

“Focus on the Under Fives”, 3rd – 7th May. This dealt with the physical, mental, emotional and educational problems and needs of both normal and handicapped children. Parental responsibilities and parents’ problems were also discussed.

“Food Hygiene”, 19th – 22nd July. At this course many aspects of preparation, production and distribution in the food trade were discussed with emphasis on correct handling and prevention of infection. In conjunction with the study week a public conference was held in the lecture hall of the Art Gallery when over 400 people attended. A Food Hygiene Exhibition showing modern food hygiene practice in the home and in industry was also arranged by the Section in the Council House. Many commercial firms kindly loaned machinery, equipment and material for this successful and much appreciated exhibition.

“Geriatrics”, 6th – 10th December. This dealt with the physical, mental and emotional problems of the aged. Emphasis was placed on the psychological, preventative and welfare aspects of the subject and the associated problems.

Lectures to Professional Student Groups

(a) STUDENT TEACHERS

Lecture programmes including such subjects as family responsibilities, environmental and personal health, venereal disease and smoking were again arranged for Westhill College of Education and the City of Birmingham Training College.

(b) STUDENT NURSES

Discussion and lectures were again arranged for inclusion in the nurse training school programmes in the City hospitals. Subjects included selected aspects of environmental, personal and mental health. Arrangements were also made for visits of observation by students of the various hospitals to appropriate sections of the Corporation.

(c) PUPIL PUBLIC HEALTH INSPECTORS

Twenty-six pupils attended the Health Education course which included principles of health education, group discussions, effective speaking, visual aids and use of equipment. Active participation was successfully encouraged and appreciated in these sessions.

Lectures to Special Groups

Lecture programmes were again arranged for:—

(a) CARPENTER HOUSE GIRLS’ PROBATION HOSTEL

A series of 12 lectures covered personal hygiene, relationships and responsibilities, venereal disease, dangers of smoking, budgeting, and preparation for marriage.

(b) **ATHELSTAN HOUSE BOYS' JUNIOR REMAND HOME**

A school hygiene syllabus continued weekly for a term dealing with personal hygiene including cleanliness of skin, dental health, posture and exercise, fresh air, and the dangers of smoking.

(c) **WINSON GREEN PRISON**

Lectures on various aspects of health education were given weekly throughout the year. Programmes included the dangers of smoking, responsibilities and relationships, environmental and personal hygiene, and venereal disease.

Anti-Smoking Clinic — 8th – 12th November

The "Five Day Plan" anti-smoking clinic was held in the Friends' Meeting House, Bull Street. The attendances on the various nights were as follows:—

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
117	95	98	88	82

The number of people attending for three or more nights during the week was 93. Of this group the number who returned a questionnaire sent by the Section 4 weeks later was 53. **Out of the 53, 40** had stopped smoking and 13 had reduced smoking. It was decided to hold a re-union on Tuesday, 8th March, 1966.

Other Activities Supported by the Health Education Section

(a) Meetings, demonstrations, discussion groups and various courses continued to be held in the Health Education Lecture Room and numbers reached a record of 243.

Professional and voluntary groups such as Birmingham Council of Social Service, Nursery Matrons' Association, Society of Medical Officers of Health, Royal College of Nursing, Public Health Inspectors' Association, Children's Department, Health Visitors' Training Course and Members of the Public used the room from time to time throughout the year.

(b) Courses were held on maternity and child welfare, home nursing and home safety for girls participating in the Duke of Edinburgh Award Scheme.

(c) Social workers, home nurses, health visitors and other Corporation staff members participated in a series of discussions on "The Social Workers"; a programme on BBC 2 Television.

(d) In conjunction with the Birmingham Retirement Council two discussion courses were held for the wives of men attending pre-retirement courses at work. The talks and discussions covered the subjects of diet, health and adjustment to the new situation.

Posters, Leaflets and Booklets

Poster, leaflet and booklet distributions were maintained throughout the year to welfare centres, day nurseries, school clinics, district nursing centres and some general practitioners' waiting rooms. Requests from various commercial and interested organisations for posters and leaflets on personal hygiene, home safety, food hygiene, venereal disease, smoking, etc continued. The number of students from training colleges and schools requesting advice and material for study projects increased during the year.

Exhibitions and Displays

Exhibitions were produced and erected at in-service study days and display units were sent out to welfare centres and other sections on request. The subjects included home safety, food hygiene, holiday safety and poisoning.

Films and Filmstrips

Previews of new films and filmstrips were continued at intervals throughout the year for senior members of the staff. Some of these films were also shown at staff meetings.

PRIORITY IN REHOUSING ON MEDICAL GROUNDS

During the year 6,681 recommendations were made to the Housing Management Department concerning the medical aspects of housing applications. These are classified as follows:—

APPLICATIONS FOR PRIORITY REHOUSING ON GROUNDS OTHER THAN TUBERCULOSIS

	<i>Points awarded</i>				<i>Immediate rehousing recommended</i>	<i>Total applications</i>	<i>Percentage of total</i>
	NIL	10	20	30			
Psychological disorders...	418	607	228	78	3	1,334	20.0
Neurological disorders including fits	99	66	89	72	6	332	5.0
Chest disorders	524	1,011	348	143	1	2,027	30.4
Wounds	5	1	2	—	—	8	0.1
Blindness	24	21	26	22	3	96	1.5
Rheumatism and arthritis	201	224	233	87	5	750	11.2
Other orthopaedic disorders	62	55	60	31	—	208	3.1
Cardio-vascular disorders	211	190	401	228	7	1,037	15.5
Other physical defects ...	84	46	44	40	2	216	3.2
Gastro-intestinal disorders	84	38	25	24	—	171	2.6
Genito-urinary disorders	46	18	14	9	—	87	1.2
General debility, <i>i.e.</i> Disorders not otherwise classified	217	122	51	23	2	415	6.2
TOTALS	1,975	2,399	1,521	757	29	6,681	100.0%

In an additional 108 cases no medical condition was found or a condition was found which was not related to the housing circumstances and the Housing Management Department was informed accordingly.

The figures given do not include recommendations made from the Chest Clinic in cases of tuberculosis which are recorded elsewhere in the report; nor do they take account of the very many investigations which are made within the Department but which do not lead to any recommendation to the Housing Management Department.

The number of applications dealt with during the year is by far the highest in recent years and the additional work incurred placed a considerable strain on the members of the staff involved. Much of the

increase was due to a review carried out by the Housing Management Department of applications for transfer from central areas properties, many of which had a medical aspect.

As is usual, disease of the chest led to the greatest number of recommendations to the Housing Management Department. Psychological conditions remained in second place although showing a fall in frequency from 24·0 per cent. to 20·0 per cent. of the total number of cases dealt with. Cardio-vascular disease was in third place and, as usual, produced the largest number of substantially handicapped persons.

The detection and investigation of the relatively small number of cases in which immediate rehousing must be recommended, irrespective of the applicant's position on the waiting list, continues to be an important and difficult part of the work. Its importance increased during the year when the Housing Management Department introduced, for central areas tenants wishing to transfer to better accommodation, a points scheme and waiting list similar to that which has operated for a number of years in the case of applicants for their first municipal tenancy. The introduction of this scheme has meant that in a number of cases we have had to take the responsibility of recommending that central areas tenants in desperate medical straits should be offered urgent rehousing although they were a long way down the waiting list.

To a housing applicant his own case is all important and the reasons why he should be rehoused are compelling. He is not easily persuaded that others are in equally urgent or even greater need and is understandably disappointed if his case does not receive maximum priority. We who have to assess priority have no easy task as we try to give due weight to every medical factor and to balance the needs of the sick against the rights of the healthy. Until the housing situation in the City is transformed, this aspect of the Department's work will continue to be of importance.

HOME HELP SERVICE

(Section 29 – National Health Service Act, 1946)

The demands made by the elderly on this service increase year by year.

One of the major social problems of the second half of the twentieth century especially in America and Western Europe will be the steady growth in the number of old people and their care. This in all probability will become so marked that it will tend to alter the existing social and economic habits of these regions. It is a new phenomenon and many efforts have been made to solve the problem which the home help service has helped to ameliorate, yet no single solution has been successful so it remains one of the challenges of our time.

Although the welfare state with its pensions, national assistance, unemployment benefits, home helps, welfare homes etc. has made its contribution, it is still pathetic to find an aged person living on a meagre pension in poor circumstances and in indifferent health. He has worked all his life and not been a spendthrift. From his small pension he has to pay rates, rent and heating and still buy clothes and food while his grandchildren, often in their teens, spend what appears to him a lavish amount of money and more than his total income on unconsidered trifles. Part of the difficulty is the loss of value of money. There are plans for the revision of pensions; whether these will be of value depends on whether money will keep its value.

About 73 per cent. of the patients attended by the Home Help Service were over 65 years and it is evident that this pattern will continue because of the expected increase in the number of elderly. The work of the section becomes more arduous and time consuming because of the number of cases of impaired hearing, declining eyesight and poor mobility of the aged. Added to this is the difficulty they have in understanding the changes in money values and in the times, with their declining senses.

It would seem with the scarcity of home helps and the problems of the aged that the provision of helps has a direct relation to housing policy. Without departing from the view that the old should not be isolated from the rest of a housing estate, if dwellings for the old are built in small groups with a warden rather than being indiscriminately sited amongst other houses, it will be easier and cheaper to provide certain communal services. Care and attention should be paid to the siting of these islets; they should not be on a steep incline and should be near shops, public houses and a community hall.

There were three changes of organisers during the year, two resigned to take up similar posts in less demanding areas and a third left for industry. A further organiser was appointed making nine in all and this relieved to some extent the pressure in the north and central areas of the City.

The following table is illustrative of the general position during the year as compared to (1964):-

<i>1965</i>	<i>Equivalent full-time home helps</i>	<i>Total number of cases attended</i>	<i>Total number of applications</i>	<i>Number on waiting list</i>
January	545 (506)	3530 (3323)	314 (355)	405 (429)
February	539 (504)	3550 (3341)	323 (291)	395 (383)
March	538 (503)	3575 (3360)	259 (239)	430 (406)
April	532 (505)	3534 (3418)	282 (354)	321 (375)
May	537 (503)	3654 (3475)	248 (266)	345 (384)
June	538 (506)	3598 (3442)	222 (264)	324 (353)
July	532 (507)	3611 (3431)	303 (242)	429 (414)
August	526 (506)	3507 (3418)	329 (188)	414 (406)
September	530 (507)	3575 (3454)	123 (234)	444 (381)
October	530 (508)	3641 (3457)	313 (289)	461 (397)
November	528 (511)	3746 (3548)	307 (314)	403 (317)
December	521 (515)	3771 (3578)	290 (212)	403 (340)

During the year 207 home helps were appointed and 252 resigned. Of those who resigned the majority were part-time. From the above table it may be seen that the number of cases attended has increased as well as the number of applications and that on average the number on the waiting list was greater than in 1964. The steady decline in the number of home helps employed, with an increasing number of cases, has meant that less time has been devoted to each case, often in circumstances where the number of hours should be increased rather than reduced. Were it not indeed for the help of good neighbours and of voluntary bodies such as the Birmingham Council for Old People and for the excellent work carried out by the Young Volunteers Trust, many of the aged would indeed be in a parlous position.

The difficulties in recruiting staff are due to attractive employment terms offered by industry. It is now being appreciated more than ever the integral part home helps play in the domiciliary service and in releasing highly trained staff and professional personnel from time consuming tasks: this service has truly been referred to as "the lynch pin of the other social services". A large majority of old people do not wish to leave their homes or their neighbourhood with which they have so many ties and associations and in which they are content. It would seem, to meet the objectives for which the service was organised, that the status of home helps should be raised by training and providing a distinctive and attractive uniform.

During the year three training courses were held and, in all, 36 recently appointed home helps attended. The courses on a day release

basis for ten weeks, gave cooking instruction and there were various lectures from members of the Public Health Staff and other interested bodies. It is hoped next year, with the co-operation of the Education Authority, to extend and include more practical and domestic subjects.

Home helps seconded to the Mental Health Section attended 211 children in 42 families, a reduction in last year's figure.

Statistics

HOME HELP SERVICE

<i>Number of Home Helps at end of the year</i>						<i>1965</i>	<i>1964</i>
Full-time						39	48 (42 hours+)
31 hours to full-time						133	245 (30 hours+)
10 hours to 30 hours						709	635 (30 hours—)
Under 10 hours						1	
						<hr/> 882 <hr/>	<hr/> 928 <hr/>
<i>Number of families assisted during the year</i>						<i>Families</i>	<i>Incapacitated persons in households</i>
1. Maternity						492	492
2. Illness of housewife:—							
(a) Diseases of circulatory system ...				Over 65 ...		532	569
				Under 65		65	111
(b) Cancer				Over 65 ...		140	150
				Under 65		59	82
(c) Vascular disease of central nervous system				Over 65 ...		295	321
				Under 65		93	105
(d) Diseases of respiratory system (other than tuberculosis)				Over 65 ...		246	263
				Under 65		39	47
(e) Respiratory tuberculosis						11	11
(f) Other illnesses						393	497
3. Aged persons — (65+ not included above)						3,181	3,773
4. "B" cases — (potential problem families)						70	*373
5. "B" cases (problem families dealt with by Psychiatric Social Service)						42	*211
						<hr/> 5,658 <hr/>	<hr/> 7,005 <hr/>

*Number of children in need of care and help.

<i>Visits paid by organisers</i>						<i>1965</i>	<i>1964</i>
Maternity cases						522	577
Ill housewives						1,597	1,363
Old persons						9,540	9,348
Potential problem families						148	177
						<hr/> 11,807 <hr/>	<hr/> 11,465 <hr/>

The Night Watcher Service has been greatly appreciated and during the year under review attended 178 householders and gave attention to 216 patients. The number of nights' service per week varies from two to five, enabling tired relatives to get the rest they so urgently need. The companionship which the elderly receive and the security offered by the service can only be appreciated to the full extent by the recipients themselves. The Marie Curie Foundation Day and Night Nursing Service compliments the work of this subsection of the Home Help Service.

In April an additional service known as the Night Attendants Scheme was launched in conjunction with the District Nursing Service. In the first instance four home helps were selected to remain on call for a week during the night from 22.00 – 06.00 hours. They are paid a fee of £3 0s. 0d. for the week on call in addition to the home help rate of pay for hours worked if called to a case. This service is purely emergency and further details are given in the Home Nursing Service Section of this Report.

Number of Night Watchers at the end of the year 44

<i>Cases dealt with</i>					<i>Number of incapacitated persons in each household</i>	<i>Number of families assisted</i>
Diseases of—						
(a) Circulatory system	...	...	...	Over 65	10	10
				Under 65	—	—
(b) Cancer	...	...	...	Over 65	17	17
				Under 65	2	2
(c) Vascular disease of central nervous system	...	...	...	Over 65	14	14
				Under 65	1	1
(d) Diseases of respiratory system	...	...	...	Over 65	3	2
				Under 65	3	3
(e) Other illnesses	...	...	...	...	8	4
(f) Aged persons (65 years and over not included above)	...	...	...	...	158	125
					<hr/> 216	<hr/> 178
					<hr/> <hr/>	<hr/> <hr/>

Visits Paid by Organisers

By day	...	...	...	195
By night	...	...	...	72
				<hr/> 267
				<hr/> <hr/>

MENTAL HEALTH

(SECTION 28 – NATIONAL HEALTH SERVICE ACT, 1946:
MENTAL HEALTH ACT, 1959)

The Mental Health Service of the Health Department is constituted as follows:—

1. MENTAL WELFARE SECTION
2. FAMILY CARE SECTION
3. PARENT AND CHILD CENTRE

I. Mental Welfare Section

The social workers of this section provide a community care service for the mentally disordered under the National Health Act, 1959, and Section 28 of the National Health Service Act, 1946. All the staff are designated Mental Welfare Officers and undertake the full range of duties under these Acts. They work in one of four divisions corresponding to the reception areas of the four larger psychiatric hospitals serving the City. During the year the new John Conolly Hospital commenced receiving patients, taking them from parts of the reception areas of two of the larger existing hospitals. The community work relating to this new hospital is, therefore, shared between two of the Mental Health divisions. At four of the psychiatric hospitals the social workers undertake work within the hospital to their Local Health Authority duties.

In May the Mental Welfare Section, together with the administrative officers of the Mental Health Service, moved to new modern accommodation in the centre of the City. This has facilitated a further co-ordination of the work of the service.

Table III below summarises the work undertaken by the Mental Welfare Section during the year, the corresponding figures for 1964 being given in brackets.

TABLE III

Patients admitted under Section 29, Mental Health Act ...	595	(631)
" " " Section 25, " " " ...	252	(226)
" " " Section 26, " " " ...	82	(77)
" " " Section 60, " " " ...	53	(56)
" " " Section 61, " " " ...	—	(1)
" " " Section 65, " " " ...	1	(1)
" " " Section 136, " " " ...	4	(—)
Patients admitted informally... ..	4,236	(3,931)
After-care visits	11,975	(8,850)
Pre-care visits	15,021	(11,721)
Patients taken for out-patient treatment	587	(298)
Social histories	235	(317)
Housing enquiries	336	(148)

(Some individual patients appear in more than one of the above groups).

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1965.

10

TABLE II

[illegible]

The total number of patients admitted to psychiatric hospitals compulsorily under the various sections of the Mental Health Act, 1959, continues to remain almost constant; 987 (992) while those admitted informally continues to rise: 4,236 (3,931).

There has been an increase in the number of patients referred for after-care from the psychiatric hospitals and clinics: 632 (525). This has resulted in a total of 11,975 (8,850) home visits being paid by the social workers. The total number of cases being visited regularly by social workers of the service as a whole is 2,085 (2,272).

Table IV. below indicates the number and sources of referrals from non-psychiatric sources in the community during the year. These referrals continue to decrease; 132 (146), but cases of this type are often of a highly complex and time-consuming nature. They entailed 15,021 (11,721) home visits and interviews being made during the year.

TABLE IV

General practitioners ...	...	...	...	...	...	...	35	(50)
Direct referrals ...	...	...	...	...	...	...	34	(38)
National Assistance Board ...	...	...	...	...	...	...	12	(17)
Welfare Service ...	...	...	...	...	...	...	2	(7)
Police Service ...	...	...	...	...	...	...	8	(5)
Children's Department ...	...	...	...	...	...	...	3	(2)
Health visitors ...	...	...	...	...	...	...	10	(13)
Other social services ...	...	...	...	...	...	...	13	(4)
Ministry of Labour ...	...	...	...	...	...	...	—	(4)
Housing Management Department ...	...	...	...	...	...	...	7	(4)
Education Department ...	...	...	...	...	...	...	8	(2)
TOTALS ...	...	...	...	...	...	...	132	(146)

These patients were referred for community care only and are also included in Table I.

HOSTELS

Two hostels are still being maintained by the Health Department. Over the past year the number of residents accommodated has run fairly parallel to the previous year.

The majority of people admitted are without accommodation or come from environments which, should they return to such, would precipitate a further breakdown. That a proportion of residents will have to be re-admitted to hospital is expected, as they tend to have periods of remission from mental illness during which time they are able to live, and work, in the community. Furthermore, living in an harmonious atmosphere, with active support from professional officers who are trained to understand the difficulties involved, helps to sustain them within the community for considerable periods.

A great measure of success has been achieved with previously long-stay patients from psychiatric hospitals. Four such women who had been in hospital for 28, 21, 15 and 7 years respectively, were accommodated in one of the hostels. During the period of residence they maintained full employment, and after a time left the shelter of the hostel to live in lodgings. After a period of over two years they are still leading a full and happy life in the community.

After leaving the hostel all residents are encouraged, if they wish, to keep in contact with the warden. A friendly warden can do so much to preserve good mental health and dispel the idea that the world is cold and uncharitable, as it may have appeared to residents whilst in hospital.

From a survey made regarding the period under review, it was ascertained that of the residents of one hostel 33 per cent. of the males and 16 per cent. of the females, and of the other hostel 12 per cent. of the males and 6 per cent. of the females had to return to hospital. On the other hand, amongst those who left for lodgings, residential jobs, or to live with friends, only three males and three females were subsequently re-admitted to hospital within twelve months.

<i>Bed Complement</i>	CHESTER ROAD HOSTEL		MIDDLE PARK ROAD HOSTEL	
	12		12	
	M	F	M	F
No. accommodated during the year	25	28	20	31
<i>Movement during the year</i>				
Discharged to lodgings, relatives or residential jobs	12	18	8	20
Returned to hospital	3	4	7	5
Left against advice	6	—	2	—
Died	—	—	—	1
Still in residence at 31.12.65 ...	4	6	3	5
	—	—	—	—
	25	28	20	31
	<hr/>	<hr/>	<hr/>	<hr/>

COMMUNITY CARE OF THE MENTALLY SUBNORMAL

Facilities for the training of the mentally subnormal are provided at eight junior special training centres and two adult special training centres. The former are administered by the Education Committee on behalf of the Health Committee.

The activities of the junior special training centres involve a social education programme covering the four main areas, namely self help, communication, socialisation and occupation. As in the previous years the children were taken on various day trips. Each centre had a Christmas party and 'Open Days' were arranged as well as regular parent-meetings.

Four parties of children spent a week at a residential special school during the summer: at Haseley Hall, near Warwick; Skilts Residential School, near Redditch; Hunters Hill Open-Air School, Blackwell, near Bromsgrove; and Astley Hall, near Stourport-on-Severn.

Three-quarters of the trainees attending the junior special training centres travel by public transport and have their fares paid; guides are provided when necessary. One hundred physically handicapped severely subnormal children are conveyed to and from the junior special training centres by private hire cars. Forty-seven subnormal children, unable to attend junior special training centres or awaiting admission, receive training in their own homes.

At the senior special training centres, outwork for local firms is undertaken as an integral part of the continued training given to the trainees. Any profits earned are distributed among the trainees on the basis of hours worked without regard for their different capabilities, although reward is given for particularly good conduct or effort. The amount earned does not affect their entitlement to National Assistance allowance.

The Aldridge Road Centre has now been established for more than four years, during which time a number of modifications and extensions to the building have been made. Whilst the building cannot be said to be expressly suitable for its function, it does have many features to commend it and it continues to fulfil its purpose admirably.

The new Bell Barn Centre was opened by the Minister of Health in September, being the first purpose-built centre for the adult mentally handicapped in the City, and marked a new phase of development in the Health Committee's plans for comprehensive care of the mentally handicapped in the community. It replaces the old Bell Barn Centre which provided solely for females and had been administered for the Health Committee by the Education Committee. Both adult centres are now directly administered by the Health Committee, catering for both men and women in each centre. This mixing of the sexes, whilst undoubtedly both socially and educationally desirable, has also incidentally proved to be of great economic advantage. The trainees are allocated to the two centres on a geographical basis, 138 from the northern half of the City attending Aldridge Road, and 103 from the southern half attending Bell Barn Centre, thus effecting a great saving in time and money in transportation. It is anticipated that the Health Committee's future building programme for adult centres in other parts of the City will effect similar economies.

The integration of the adult centres is allowing for an increasing number of experiments in training to be conducted so that the scope of the facilities may be widened. A high average attendance, the lack of

withdrawals and the increasing demand for places, indicate the positive part which the training centres are playing in the overall care of the mentally handicapped in the community.

In July a party of 24 trainees, accompanied by three members of the staff, spent a week at Colwyn Bay in a holiday home kindly lent by the Coleshill Hall Hospital Management Committee. This experiment proved to be a great success, not only from a recreational but also from a training point of view, and it is hoped that similar activities will be undertaken in future years. The Health Committee are most grateful for this gesture by Coleshill Hall Hospital and for the continued close and fruitful co-operation which is maintained with all the psychiatric hospitals serving the City.

To facilitate the close liaison between the hospitals for the mentally subnormal and the Health Committee's services, out-patient facilities have continued to be provided in Local Authority premises. The monthly sessions at Nechells Green Health Centre for mentally subnormal children and adults conducted by the consultant psychiatrists from Chelmsley and Coleshill Hall Hospitals, have continued throughout the year. In addition, new out-patient facilities on a regular basis have been provided by the consultant psychiatrists from Monyhull Hospital and Lea Castle Hospital, in the Mental Health Service's new offices in the City-centre. A total of 66 children and 34 adults have been seen by the various consultants during the year.

TABLE V NUMBERS ATTENDING SPECIAL TRAINING CENTRES

Junior Special Training Centres

					<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
					M	F	M	F	
Erdington	...	...	...	...	31	18	4	7	60
Fox Hollies	...	...	...	...	32	21	3	9	65
Hobmoor	...	...	...	...	16	10	5	8	39
Kingstanding	...	...	...	...	21	8	3	2	34
St. Paul's	...	...	...	...	25	13	5	4	47
Selly Oak	...	...	...	...	29	26	4	3	62
Stechford	...	...	...	...	24	15	9	12	60
Wretham Road	...	...	...	...	20	19	5	2	46

Senior Special Training Centres

Aldridge Road	...	...	...	—	—	82	56	138
Bell Barn	...	...	...	—	—	61	42	103

SOCIAL CLUB

The Thursday-evening club has a membership of twelve, and between five and eight people attend each week. The club provides for those people

who are unable to make relationships with others sufficiently easily to enable them to join in normal social activities. A number of the members are very withdrawn and solitary. In the friendly atmosphere of this small club they have begun to make attempts at conversation with others around them. Very slow progress is made, but it is hard to see in what other way the need of these people for social relationships can be met.

PSYCHOLOGICAL REPORTS

Work done by the educational psychologists, largely on behalf of the Children's Department, was as follows:-

Reports for Children's Department ...	...	...	...	...	748
Reports for Mental Health Section ...	...	...	...	...	12
					<hr/> 760 <hr/>

II. Family Care Section

During the year steps have been taken to integrate the work of the Family Care Section with the general social work undertaken in the community by the mental welfare officers in the four divisions. This is in accordance with the City Council's policy relating to a more rational co-ordination of all the Corporation's social services. Officers with appropriate experience and qualifications to undertake family casework need to be deployed over the City as a whole rather than in the central areas only. As an increasing number of staff with social work qualifications have been recruited to the service, the need for a separate section to deal with family casework problems has diminished. It is now no longer the case that officers with the training to deal with family problems are working solely in the Family Care Section. It is hoped that this rationalisation of the service will eventually facilitate the provision of a good family casework service over all areas of the City without losing the very valuable experience gained through specialisation over the years.

At present 131 families with chronic or acute social difficulties are being helped by the social workers of the Section, and it is clear that there are potentially many more families with less acute but nevertheless marked social difficulties who would benefit from this long-term support.

The seven special home helps continue to play an invaluable part in the work of the Section, and their services are also being utilised more fully in the general community care work undertaken by the mental welfare officers. These women make an extensive contribution to the stabilisation of multi-problem families, and there is a need for more such workers. However, this can only be done effectively if there is close liaison with the social workers concerned.

For the second year the social workers organised a holiday for a party of seven mothers and 27 children at Clevedon. It is clear that

this kind of venture, with carefully selected families, can have a positive and long-term effect in helping them to function with greater confidence and improved social capacity.

The Mother and Baby Club continues to have a steady membership, with a regular attendance of between ten and twelve mothers with their young children. The help given by the W.V.S. with this club is much appreciated, and this service has also helpfully arranged holidays and day-outings for other families and their children.

A senior social worker has continued to work in the Sparkbrook area in close liaison with the staff of the Sparkbrook Association, and the continuation of this experiment has demonstrated the very effective service which can be offered to families when statutory and voluntary organisations pool their resources in constructive joint effort.

A further experiment during the year has been the close liaison established by one of the social workers, who is a qualified medical social worker, with a general practitioner in one of the central areas. This experiment is already highlighting the advantages and also the problems of social work in general practice, and it is hoped that as it continues the information gained can be used in planning for increased co-operation between the social workers in the Public Health Department and the general practitioners of the City.

Throughout the year the social workers have continued in the closest co-operation with all the statutory and voluntary organisations in the City. Family problems, either chronic or acute, are common to the work of social workers of all agencies and without the closest co-operation between them, little effective help can be given.

III. Parent and Child Centre

During the year 106 new cases were referred to the Centre, there being 143 cases under supervision at the end of the year. Fourteen cases were direct referrals by the families themselves, a gratifyingly high number which perhaps indicates that the Centre is becoming better known to the general public. There appears to be considerable unsatisfied need in the community for a family counselling service such as the Centre tries to provide. It is significant that, in a number of instances, clients bring up problems of family relationship which are not confined to the behaviour of the pre-school child which originally precipitated the referral. High among these additional factors are marital problems and parental anxiety over another elder child in the family. The behaviour of this latter child is often a reflection of a disturbed family situation and improves as family tension as a whole diminishes, without any direct contact with the child concerned.

The Centre endeavours to keep a close link with other social agencies in the City, and it has also been enlisted on several occasions by officers of the Children's Department in cases of maternal rejection or where intensive casework help or psychiatric assessment seemed indicated.

As the high case load indicates, pressures upon the staff sometimes mitigate against intensive work of any duration. The Centre is, however, by virtue of its close link with complete families, often involved in the early stages of family disharmony. This would seem to offer ideal opportunities for experimenting with new methods of giving help and support to disturbed families. It is hoped that the vital part the Centre can play will be recognised fully by professional workers in the City. Meanwhile, an additional part-time psychiatric social worker has been appointed and it is to be hoped that the full establishment of four social workers can be filled in due course.

Educational Programme

During the year members of the staff undertook 14 lectures for the Health Education Section. Senior officers have continued to co-operate in other educational programmes in the City, especially in relation to the training of social workers and teachers of the mentally handicapped. Student social workers and teachers have undertaken periods of practical work training within the various sections of the Service.

The Health Committee has continued its policy of seconding as many officers as possible for full-time training, either as social workers or as teachers of the mentally handicapped. During the year under review six officers were attending such courses at either universities or colleges of further education.

ADMINISTRATION

- (a) Mental Health Sub-Committee of the Health Committee, composed of Chairman and twelve members of the Health Committee. Bi-monthly meetings are held.
- (b) Number and qualifications of staff employed in the Mental Health Service:—

Responsible to the Medical Officer of Health for the Service, who in turn is responsible to the Mental Health Sub-Committee – Deputy Medical Officer of Health, M.B., Ch.B., D.P.H.

- 1 Chief Assistant – Certificate in Social Administration and in Psychiatric Social Work (Manchester).
- 1 Deputy Chief Assistant – Certificate of Poor Law Examinations.
- 1 Administrative Assistant – Declaration of Recognition of the Council for Training in Social Work.

MENTAL WELFARE SECTION

- 4 Divisional Mental Welfare Officers – three holding Certificate in Social work and one the Declaration of Recognition of the Council for Training in Social Work.
- 9 Senior Mental Welfare Officers—one holding Certificate in Psychiatric Social Work, one the Diploma in Social Science, one the Declaration of Recognition of the Council for Training in Social Work, one the Diploma of National Association for Mental Health, and five Registered Mental Nurses.
- 13 Mental Welfare Officers – one holding the Diploma in Social Science, and eleven Registered Mental Nurses.
- 2 Trainee Mental Welfare Officers.
Clerical staff – 2 Clerks, 2 Junior Clerks, 4 Shorthand-typists.

FAMILY CARE SECTION

- 1 Caseworker – B.A. (Soc.) Degree and Certificate in Psychiatric Social Work.
- 8 Assistant Caseworkers – two B.A. (Soc.) Degree, one Medical Social Worker, one holding Certificate in Social Work, and three holding the Diploma of Social Science.
Clerical staff – 1 Shorthand-typist, 1 part-time Shorthand-typist.

PARENT AND CHILD CENTRE

- 1 Senior Psychiatric Social Worker – Certificate in Psychiatric Social Work.
- 1 Psychiatric Social Worker (part-time) – Certificate in Psychiatric Social Work.
- 1 Social Worker – State Registered Nurse.
- 1 Shorthand-typist.

Adult Training Centres, Aldridge Road and Bell Barn.

(Under Management of Health Committee)

- 1 Senior Warden (Teacher's Certificate, M.Col. H.)
- 1 Warden (Teacher's Certificate)
- 2 Deputy Wardens – Diploma of National Association for Mental Health.
- 4 Supervisors – Diploma of National Association for Mental Health.
- 16 Assistant Supervisors – eight holding either Diploma of National Association for Mental Health or recognised trade qualifications.
- 2 Clerks
- 3 Kitchen Attendants (part-time)
- 2 Caretakers

Hostels

- 2 Wardens – 1 S.E.A.N.
- 1 Deputy Warden
- 1 Cook

Junior Special Training Centres

(Under the management of Education Committee on behalf of Health Committee)

- 1 Organiser
- 8 Supervisors (Seven hold Diploma of National Association for Mental Health, and one Certificate of Recognition).
- 2 Senior Assistant Supervisors (both hold Diploma of National Association for Mental Health).
- 22 Assistant Supervisors (Six hold Diploma of National Association for Mental Health).
- 6 Trainee Assistant Supervisors.
- 12 Welfare Assistants.
- 10 Dinner Attendants (part-time).
- 3 Home Teachers.

INSPECTION AND REGISTRATION OF NURSING HOMES AND NURSING AGENCIES.

(1) Nursing Homes (Public Health Act, 1936)

At the end of 1965 there were twelve Nursing Homes on the register, providing 266 beds. This is an increase of two homes and 71 beds over 1964.

The total number of visits paid to nursing homes during the year was 22 (14 by medical officers and 8 by supervisors of midwives).

(2) Nursing Agencies (Nurses' Agencies Act, 1957)

Renewal of licence was granted to the only agency operating in the City at present.

MEDICAL CARE OF DEPRIVED CHILDREN

CHILDREN ACT, 1948

The total number of children in the care of the local authorities in England and Wales on 31st March, 1965 is estimated to be 69,000 compared with 66,281 on 31st March, 1964. Comparable figures in Birmingham were 1,827 and 1,722 respectively.

The total number of children admitted to the care of the Local Authority during the year ending 31st March, 1965 was 1,975 compared with 1,784 the previous year and 1,526 in 1963. The numbers of children discharged from care were 1,870, 1,666 and 1,520 respectively. Of the 1,870 discharged, 1,709 returned to the care of their parents, relatives or friends, and included the revocation of Fit Person Orders. The number of children living at home on trial with their parents or relatives on 31st March, 1965 was 78 compared with 86 on 31st March, 1964.

By the end of 1965 the total number of children in care under the Children Act, 1948 or committed to care under the Children and Young Persons Act, 1933 had risen to 1,927. During 1965 there were 1,763 admissions and 1,702 discharges under the Children Act, 1948 and 132 committals under the Children and Young Persons Act, 1933 or the Matrimonial Proceedings Act: 73 committal orders were revoked or expired.

Admission applications were made to the Children's Department in respect of 3,487 children during the year ending 31st March, 1965 and 1,873 (i.e. 53·7 per cent.) of these were accepted.

The number of illegitimate children coming into care during the year ending 31st March, 1965 because their mothers could not provide for them, was 49 compared with 54 in 1964 and 58 in 1963.

Boarded-Out Children and Children in Residential Establishments

The number of children boarded-out in Birmingham on 31st March, 1965 in terms of the Boarding-Out of Children Regulations, 1955, together with children in lodgings and residential employment was 654 compared with 570 on 31st March, 1964.

The following children have been admitted to hospital during the year:—

(a)	From residential accommodation (Birmingham Children's Committee)	...	...	...	...	...	...	85
(b)	From other local authorities' and voluntary homes	...	...	...	...	...	...	16
(c)	Boarded-out	...	...	...	...	...	...	16
TOTAL								117

The reasons for admission to hospitals were as follows:—

Psychiatric problems	...	1	Infections	...	...	...	45
Operations	...	32	Accidents	...	...	...	8
Miscellaneous	...	30	Tuberculosis	...	...	...	1

Routine medical examinations continue to be carried out by general practitioners and by Local Authority medical officers. The frequency of medical examinations is as recommended in the Home Office memorandum. Special medical problems are appropriately investigated and treatment is arranged through the family doctor. A spirit of team work is developing between the medical and child care staff which is essential in making suitable plans for future care of children. Joint case conferences are held where the problem is multi-phasic. If a child's development is slow or the child is not making satisfactory progress, assessment examination is conducted so that the child can be suitably placed.

General practitioners and assistant medical officers share the work of immunisation and vaccination of children in the residential establishments of the Children's Department.

The mentally and physically handicapped children in care continue to present problems but every effort is made to secure the best accommodation and care for each individual case. The residential staff are given guidance on medical aspects, and integration of handicapped children with normal children is encouraged. This is of mutual benefit to both normal and handicapped children. The concept of community care is successfully launched in one particular residential nursery. The results are promising and this has shown the way to other establishments to meet the challenge. However there are some cases, especially children with severe mental subnormality with physical handicap, who cannot be rehabilitated and cared for in the residential establishments. Such children require institutional care. The waiting period for admission to the hospital for 'sub-normal' children is considerable but with better understanding and liaison between the hospitals, local authority Health and Children's Departments, the situation appears to be easing very gradually.

The co-ordination of medical services to the Children's Department is organised through a medical officer whose duties are mainly in connection with the work of the Children's Department. He also undertakes inspection of the residential establishments of the Children's Department as laid down under the Home Office regulations.

Deaths

There were six deaths during the year:-

Y. M. born 11.5.64: This little girl was admitted to care in February, 1965 due to inadequate maternal care. She was a mongol child with associated congenital heart defect and her general condition was very 'delicate'. She died suddenly on the 5th June, 1965 at Loppington House, Wem, Shropshire, which is a house for severely mentally handicapped children. The cause of death was acute heart failure due to congenital heart disease associated with mongolism.

K. S. born 3.3.62: This child was admitted to care in August, 1965 because the mother was mentally ill. There was a history of the child stumbling, slurred speech and a bout of diarrhoea and vomiting. The child was taken to hospital following a fall but was dead on admission (13th October, 1965). The post-mortem was performed by H.M. Coroner's Pathologist who stated that death was due to natural causes namely subdural and subarachnoid haemorrhages due to superior sagittal sinus thrombosis associated with acute gastroenteritis.

J. H. born 6.10.65: This child was taken into care in October, 1965 as the mother had no accommodation in which to live. The baby was found in a collapsed state in its cot on the 12th November, 1965 and was immediately taken to hospital but was dead on admission. The autopsy was performed by H.M. Coroner's Pathologist who certified that death was due to natural causes – bronchopneumonia.

K. O. born 27.2.48: This boy was receiving approved school training. He became ill suddenly in October, 1965 with acute lymphadenopathy. He was admitted to hospital. A gland biopsy revealed that he had reticulum cell sarcoma – a malignant tumour. His condition deteriorated rapidly despite treatment with deep X-ray and cytotoxic drugs. He died on the 25th November, 1965.

A. J. Born 22.12.64: This small child was received into care in June, 1965 because the mother deserted the family. There was a history of fall from the lap of the foster mother while she was changing his nappy on the 24th November, 1965. The child's respiration stopped. He was immediately taken to hospital but was dead on reaching the hospital. Autopsy was performed by H.M. Coroner's Pathologist and revealed that death was due to subdural haemorrhage of traumatic origin. H.M. Coroner held an inquest and recorded a verdict of accidental death.

V. T. born 1.11.62: This child was taken into care in December, 1963 because the home conditions were unsatisfactory. She had a gross mental defect with congenital heart disease. She was accommodated at Loppington Hall, Wem, Shropshire, where she died on the 15th December, 1965.

Investigations of Foster Home Applications

In certain cases it is necessary for further investigations to be carried out to determine the medical suitability of prospective foster parents. It is the practice of the Children's Department to refer such cases following medical reports from the family doctor of the foster parents. These investigations are completed as soon as possible, but occasionally involve getting special information from the family doctors and the hospitals. The Children's Department is then advised as to the medical suitability of such applicants.

Adoption of Children

The type and scope of examination which should be given to the prospective adoptive parents and children placed for adoption is constantly under review by the adoption agencies as medical matters may have an important bearing on the family relationship. It is generally agreed that a thorough investigation of prospective adopting parents should be carried out before placing children. Children "at risk" (i.e. those children who may develop an abnormality in later life due to abnormal medical or family history) are reviewed until a definite prognosis can be given, on the grounds that children should only be placed when this is known.

In accordance with the Adoption Agencies Regulations, 1959, all prospective adopting parents are investigated as to their previous health and antecedents. A recommendation is then made for further consideration to be given to their application. During 1965 there were 125 couples investigated, 106 were recommended as medically fit; 6 were found to have some medical condition which would be detrimental to the placing of a child with them; 9 were deferred for review in six to twelve months' time; 4 couples withdrew their applications. In 6 cases it was recommended that the child should be given B.C.G. vaccination before placing.

In accordance with the Adoption Act, 1958 information is given to the Birmingham Children's Department and adoption societies as to whether the household is known to the health visitor for the area concerned. No special visit is made but the information is obtained from the health visitors' record cards and personal knowledge of the family. In 1965 enquiries were made in 77 cases; 25 were recommended for consideration; 52 were not known to the health visitor.

Statistics

(A) ADOPTION

During 1965 a twice-weekly Adoption Clinic was held - a total of 96 sessions. All preliminary examinations were conducted at the adoption clinic with the exception of 13 infants examined at a mother and baby home. A total of 306 examinations was carried out. The results of these examinations were as follows:-

(a) Preliminary Examinations	...	...	...	...	...	...	115
Fit for placing	...	...	...	...	...	...	103
Unfit for placing	...	...	...	...	...	...	10
Meningitis (recent)	...	...	...	...	...	1	
Arthrogryphosis	...	...	...	...	...	1	
Prematurity + asphyxia	...	...	...	...	...	5	
Failure to thrive (investigation)	...	...	...	...	...	1	
Hypothermia + asphyxia	...	...	...	...	...	1	
Central nervous system lesion	...	...	...	...	...	1	
Withdrawn	...	...	...	...	...	...	2

(b) <i>Final Examinations</i>	187
Children's Department placings	109
Other adoption societies	54
Private and third party placings	11
In care	13

Results of Examinations

Healthy	158
Adopted, but not ideal	4
Poor family history, premature baby ...	1
Mentally subnormal mothers: babies slow in development	3

Minor defects (20 defects in 19 children and no contra-indication to adoption)	19
---	----

Anaemia 2	(c) Webbing of toes 1
Eczema 1	Infective opacity bases of
Scabies 1	lung (treated) ... 1
Thymus enlargement ... 8	Umbilical hernia ... 1
Orthopaedic defects ... 3	Right inguinal hernia ... 1
(a) Shallow acetabulum (plaster)... 1	Hydrocele 1
(b) Mild dorsal scoliosis (observation) 1	Undescended testicles ... 1

<i>Major defects</i>	6
Unfit for adoption	4
(a) Central nervous system involvement ...	3
(b) Mentally retarded	1
Deferred, then finally adopted	2
(a) Ventricular septal defect	1
(b) Malformation of nasal bones (plastic repair)	1

(c) <i>Reviews in 1965 from 1964</i>	4
Unfit for adoption	
(a) Retardation + Hearing defect ...	1
(b) Retardation + prematurity	1
(c) Retardation, also mother and siblings ...	1
(d) Retarded	1

(B) CHILDREN IN THE CARE OF THE BIRMINGHAM CHILDREN'S
COMMITTEE

	<i>Year Ended</i>		
	<i>31.3.64</i>	<i>31.3.65</i>	<i>31.3.66</i>
1. <i>Mode of Accommodation</i>			
Boarded out	535	617	673
In lodgings or residential employment	35	37	39
In Children's Committee homes	857	853	928
In voluntary homes	102	133	154
In residential special schools ...	19	19	28
In hostels for working boys and girls	29	28	25
Allowed to remain with parent or guardian under super- vision	86	78	102
In other accommodation ...	59	62	70
TOTALS OF ITEM 1 ...	1,722	1,827	2,019
2. <i>Analysis by age groups of children</i>			
0 - 2 years	166	170	183
2 - compulsory school age ...	261	325	379
Of compulsory school age ...	986	1,067	1,175
Over compulsory school age ...	309	265	282
TOTALS OF ITEM 2 ...	1,722	1,827	2,019

(C) CHILDREN IN THE RESIDENTIAL ESTABLISHMENTS OF THE
CHILDREN'S COMMITTEE

1. *Medical examinations carried out during 1965*

Routine medical examinations	1,474
Examinations on admission	1,643
Examinations on discharge	1,093
Total number of medical examinations	4,210
Phenylketonuria tests	20

2. *Prophylactic vaccinations and immunisations during 1965*

D.P.T. (diphtheria, pertussis and tetanus)	72
Poliomyelitis vaccinations	125
Smallpox vaccination	16
B.C.G.	60

3.	<i>Dental inspections/treatment during 1965...</i>	...	...	...	676
4.	<i>Admissions to hospitals for treatment</i>	...	...	...	117
5.	<i>Analysis of illnesses</i>				
	Infectious diseases	...	...	...	158
	Ear infections	...	...	...	27
	Respiratory infections and disorders	...	...	...	255
	Circulatory disorders	...	...	...	1
	Gastro-intestinal disorders	...	...	...	17
	Genito-urinary disorders	...	...	...	5
	Orthopaedic disorders	...	...	...	5
	Nervous disorders including psychiatric conditions	...			4
	Tumour...	...	...	...	1
	Other conditions	...	...	...	44

NATIONAL ASSISTANCE ACTS 1948 & 1951

COMPULSORY REMOVAL

During 1965, six persons were referred for compulsory removal under the National Assistance Acts; all were women. One patient was admitted to hospital voluntarily; in four cases adequate supportive domiciliary services were arranged. It was necessary to remove one person compulsorily to hospital.

WELFARE OF BLIND AND PARTIALLY SIGHTED PERSONS

Much of the information that follows has been prepared by Mr. D. Nappy, Chief Welfare Officer, to whom the Department is indebted.

Registers of Blind and Partially-Sighted Persons are maintained by the Welfare Department and examinations for admission to these registers are carried out on behalf of the Welfare Committee by a panel of consultant ophthalmologists. When so registered these handicapped people are provided with a variety of welfare services including home visiting, the teaching of Braille or Moon reading systems and handicrafts in their own homes and at centres in various parts of the City. Social Centres are also established for persons who are unable to take up these activities and, when necessary, transport is provided to and from them. A library of Braille and Moon books is maintained by the Welfare Department which in the main are sent out and exchanged by post.

Persons registered as blind are entitled to free 'bus passes, free radio licences and, where appropriate, increased national assistance and income tax allowance. Arrangements are made for obtaining these facilities.

In addition to the services provided by the Welfare Committee, the Birmingham Royal Institution for the Blind makes annual grants to enable blind persons to take holidays, for summer outings, Christmas parties, and other miscellaneous assistance. Each year a handicraft competition is organised by the Welfare Department and the prizes are provided by the Institution.

Persons who are deaf as well as blind are given assistance by a home teacher of the blind who specialises in this work. These help with the supply, replacement and repair when necessary of hearing aids, escort to hospital and deal with any other special need. A weekly Social Centre is held for the Deaf-Blind at which voluntary helpers assist in talking to them by using the manual alphabet. Because of the special difficulties of such persons in taking holidays, a fortnight's holiday has been organised in recent years for a party under the care of home teachers and voluntary helpers.

Persons able to work in open employment are encouraged to do this and are helped in finding employment by the Ministry of Labour Blind Persons Resettlement Officers. Others, who need to work in a sheltered environment, are employed at the Workshops for the Blind, administered by the Welfare Committee, where employment is provided for approximately 200 men and women in a variety of trades. The earnings of these workers are brought up to a national minimum wage. Those who are able to work on their own account may enter the Blind Homeworkers' Scheme where again they receive special assistance from the Welfare Department and receive augmentation in addition to their earnings.

INCIDENCE OF BLINDNESS

Statistics

The total number of registered blind persons has altered only by one over the last year.

<i>Year end</i>	<i>Total Registered Blind</i>	<i>Blind Children</i>	<i>Blind Men</i>	<i>Blind Women</i>	<i>Blind over 65 years</i>
1960	1,704	61	698	945	951
1961	1,711	58	700	953	970
1962	1,707	59	706	942	983
1963	1,694	53	691	950	986
1964	1,660	50	685	925	977
1965	1,659	41	670	948	981

In each of the past four years the number of blind women has exceeded the number of blind men by one third.

The Blind Register

<i>Additions to Register</i>	<i>192</i>		1960	1961	1962	1963	1964	1965
Certified blind	...	...	172	191	144	141	152	172
Blind Immigrants to Birmingham	...	...	23	30	23	32	18	20
Re-included on the register			—	1	—	—	1	—
<i>Deletions from Register</i>	<i>193</i>							
Through death	...	...	165	173	143	164	159	153
Left Birmingham	...	...	30	35	28	21	42	34
Sight improved	...	...	1	3	—	1	4	6
Removed for administrative reasons	...	...	—	4	—	—	—	—

Among those newly certified blind in 1965 were 3 children.

Forms B.D.8, completed on examination, received during 1965 and relating to newly certified blind persons and those blind already who moved into Birmingham, fell into the following categories:—

Primary senile cataract and con-

genital cataract	..	53	Trauma	..	..	..	1
Glaucoma	..	..	Diabetes	..	..	..	9
Other congenital and hereditary defects	..	..	Other causes	..	..	..	90
Myopia..	..	..	(these include senility, cause unknown, arteriosclerosis,)				
Ophthalmia neonatorum	..	2					
Retinitis pigmentosa	..	—					

ARRANGEMENTS FOR CARE, EDUCATION AND EMPLOYMENT OF THE BLIND

31.12.64						31.12.65
152	Employed in workshops	...	...	...	...	146
18	Approved homeworkers	...	...	...	...	17
185	Workers in sighted industry	...	...	...	...	182
1,012	Unemployables at home	...	...	...	...	1,051
229	Unemployables in Regional Board Hospitals and various Homes	...	...	...	...	222
29	Children at school	...	...	...	...	18
15	Children in own homes...	...	...	...	...	11
13	Children in hospitals	...	...	...	...	10
—	Babies in Sunshine Homes	...	...	...	...	—
7	Technical pupils in training	...	...	...	...	2
1,660						1,659

Register of Partially Sighted

There is no statutory definition in the National Assistance Act, 1948, but the Ministry of Health has advised that a person who is not blind within the meaning of the act, but is nevertheless substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character, be regarded as partially sighted.

The numbers on the Register at the end of the year were:—

496 persons 139 men 254 women 103 children

Forms B.D.8. received during 1965 and relating to 112 newly certified partially sighted persons or those registered already who came to reside in Birmingham fell into the following categories:—

Primary senile cataract and congenital cataract	...	...	...	32	Trauma	...	...	...	—
Glaucoma	...	...	...	13	Diabetes	...	...	...	—
Other congenital and hereditary defects	...	...	...	—	Other causes (these include senility, cause unknown, optic atrophy)	...	...	...	63
Myopia	...	...	...	4					

Blind and Partially Sighted

Forms B.D.8. have been received for newly certified patients in the following age groups:—

<i>Year of receipt of B.D.8.</i>	<i>0—1</i>	<i>2—4</i>	<i>5—15</i>	<i>16—20</i>	<i>21—49</i>	<i>50—64</i>	<i>65 and over</i>	<i>Total</i>
1960	2	7	10	1	17	39	150	226
1961	3	6	11	0	16	42	185	263
1962	2	2	4	5	16	17	121	167
1963	0	2	15	5	12	29	146	209
1964	2	8	25	3	17	35	236	326
1965	0	10	10	4	19	38	203	284

Persons over 65 years of age accounted for 70 per cent. of new cases in 1965 as compared with 72 for 1964.

The causes of loss of vision and the treatment recommended were:—

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(i) Number of persons registered during the year in respect of which Section "F" of the form B.D.8 recommends:				
(a) No treatment ...	8	12	—	53
(b) Treatment (medical, surgical or optical) ...	76	31	—	104
(ii) Number of persons at (i) (b) above who on follow-up action at the end of year had received treatment ...	32	28	—	86

The Deaf-Blind

In 1965 there were 44 deaf-blind persons residing as follows:—

	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
In own home ...	6	16	2	24
In homes and institutions	3	16	1	20
	9	32	3	44

The drop in numbers during the year is due to the fact that those registered deaf-blind were reviewed and re-classified.

CEREBRAL PALSY

The following information has been supplied by the Midland Spastic Association, which works closely with the City Welfare Department and the School Health Service.

PROVISION MADE FOR 857 SPASTICS IN 1965:—

CHILDREN UNDER 5 YEARS

Attending normal nursery schools	...	...	...	...	3
Attending the Cerebral Palsy Nursery Unit at Carlson House					13
In hospital	...	...	...	...	2
At home— out-patient treatment	...	...	...	...	30
no treatment	...	...	...	...	26
Total known cerebral palsy patients under 5 years					<u>74</u>
Estimated population under 5 years	..	..	..		100,300

CHILDREN AGED 5 TO 15 YEARS

Attending day schools

Cerebral Palsy School, Carlson House	...	...	...	34
Schools for physically handicapped	...	...	...	61
Other special schools (deaf school 2, open air school 1, partially sighted school 3, E.S.N. school 13)	...	...	...	19
Schools primarily for normal children	...	...	...	67
Training centres	...	...	...	35

Attending residential schools

Cerebral Palsy School, Carlson House	...	...	...	4
Schools for the physically handicapped	...	...	...	4
Other special schools (open air school 1, blind school 2, E.S.N. School 3, hospital school 2)	...	...	...	8
In institutions for the mentally subnormal	...	...	...	20
Remaining at home—ineducable	...	...	...	20
Remaining at home—educable, and awaiting placement	...	...	...	7
Total known cerebral palsy patients 5 to under 15 years				<u>279</u>
Estimated population 5 to under 15 years	...	...	...	155,700

PERSONS 15 YEARS AND OVER

Still at school or receiving home tuition	18
Training centre	35
Outwork—part-time housewives	16
Sheltered work	26
Training college—University	3
Normal work	198
Institution for mentally subnormal	66
In cerebral palsy home	4
In cripples' home	19
In hospitals	5
Midland Spastic Association Work Centre	18
Other craft classes	10
At home	86
<hr/>	
Total known cerebral palsy patients aged 15 years and over ...	504
<hr/>	

A weekly Social Club is also run by the Midland Spastic Association for mentally handicapped spastic teenagers and young adults. Physical disabilities vary from very slight to very severe; the I.Q. range is 40-65.

Activities include outdoor and indoor games, film shows, painting, craftwork, dancing, percussion band, singing, reading and writing for the slightly brighter ones, special events such as parents' socials, carol service, fireworks, etc.

The Association takes the group away for a residential week-end each year and also run the Helping Hand Youth Club for teenagers (aged 13-21) and the Pathfinders Club for Adults (aged 22-45) of normal intelligence.

In addition the Welfare Committee of the City Council provides services for the following individuals:—

Maintained in special homes	11
In Part III accommodation in "The Beeches" or other Homes within the City	18
Participating in Handicraft Scheme	19
Doing outwork arranged by the Welfare Department	4
Taking part in activities of the Birmingham Fellowship of the Handicapped	78
Assisted by the Welfare Committee with adaptations in their own homes... ..	2
Assisted with holidays	2
Having on loan a television set	3

Financial aid is also granted to the Midland Spastic Association to assist in their work for spastics.

In addition to the above, instead of assisting in individual cases, the Welfare Committee make a block grant of £800 to the Birmingham Fellowship of the Handicapped to enable them to assist necessitous

handicapped people to join in a group holiday. Those benefiting in this way would undoubtedly include a considerable number of spastics and epileptics.

EPILEPSY

During 1965 assistance was given by the Welfare Committee to epileptics as follows –

Epileptics maintained in colonies	...	...	...	...	...	27
Accommodated in Part III accommodation in Welfare Homes	...					19
Participating in Handicraft Scheme	...	...	...	...	...	16
Doing outwork arranged by the Welfare Department				...	...	10
Loan of a television set	...	...	...	...	...	2

Twenty-nine of the epileptics participated in the activities of the Birmingham Fellowship of the Handicapped.

A weekly club run by the Birmingham and District Branch of the British Epilepsy Association was held at the Welfare Centre, Skipton Road, Edgbaston.

At the end of the year 283 epileptic children of school age were known to the Education Department. Of these 48 were maintained at residential establishments and 57 were at special day schools.

FIRST AID AND STAFF WELFARE SERVICE MEDICAL EXAMINATIONS, CREMATIONS

Medical Examinations

Medical Examinations carried out by:

(a) *The Medical Officer for Corporation Staff Welfare.*

	1965	1964
Non-manual employees	1,712	1,324
Manual employees	927	851
On behalf of other Local Authorities ...	50	35

(b) *Other Local Authorities on our behalf:-*

1965	1964
71	61

The above figures do not include the medical examinations done by:-

1. The School Health Service Medical Officers on behalf of the Education Department and other Local Authorities.
2. The Panel of Medical Practitioners from whom about 1,000 completed forms in respect of manual employees are received in this department annually.
3. Other doctors with whom some Corporation Departments have special arrangements.

Cremations

The Medical Officer for Staff Welfare is also the Medical Referee for the two Municipal Crematoria.

NUMBER OF CREMATIONS AUTHORISED

	1965	1964
Lodge Hill	3,036	3,024
Yardley... ..	2,094	2,013
	<hr/> 5,130	<hr/> 5,037

First Aid and Staff Welfare Service

All the departments of the Corporation are given advice on matters affecting the health and welfare of their employees. Two surgeries are provided, one at Bush House and the other at the Council House. During the year the number of attendances recorded was 6,070 in comparison with 5,754 in the previous year. These figures do not include attendances at First Aid Centres provided by departments of the Corporation, which are solely for members of their own staff. This service is carried out in close co-operation with general practitioners and the hospitals and avoids loss of time incurred in seeking advice and treatment if this had to be obtained elsewhere.

FOOD HYGIENE

During 1965 the supervision of food hygiene continued to be shared among three sections of the Department and this chapter describes the activities of these sections separately and successively. It begins with the work of the Veterinary and Food Inspection Section which is concerned with slaughtering, meat inspection, the wholesale markets, the hygiene of butchers' shops and some of the larger food shops, and other miscellaneous matters. Then follows the work of the Milk and Dairies Section which is concerned with the processing and distribution of milk, milk products and ice cream; and with the hygiene of smaller food shops. Finally, there follows the work of the Public Health Inspectorate which is concerned, in the main, with catering premises of various kinds.

It is not intended that this tripartite arrangement of the work should continue. During the year arrangements were made to combine the Veterinary and Food Inspection Section and the Milk and Dairies Section as from the beginning of 1966.

This chapter is concerned only with food hygiene. Veterinary services and the work of the City Analyst and Sampling Officers are described elsewhere in the report.

SLAUGHTERHOUSES AND MEAT INSPECTION

The main slaughtering centre in the City is the city abattoir, but there are in addition ten private slaughterhouses, five of which are connected with bacon factories. The ten private slaughterhouses are licensed annually on 1st February.

The Ministry of Agriculture, Fisheries and Food has appointed the 1st April, 1966 as the date by which all slaughterhouses in the City must fully comply with the Slaughterhouses (Hygiene) Regulations 1958 and the Slaughter of Animals (Prevention of Cruelty) Regulations 1958. All occupiers of slaughterhouses in the City were informed of this and advised of any work which must be carried out before the "Appointed Day".

Meat inspection at the city abattoir is carried out by a staff of qualified veterinary officers and meat inspectors, who examine animals before and after slaughter, to ascertain their fitness for human consumption. To assist in the diagnosis of various diseases, a laboratory is maintained at the abattoir.

Meat inspection at the private slaughterhouses is carried out by veterinary officers from the abattoir and by the district food inspectors. During the year, 3,587 visits were made for this purpose.

The training scheme for authorised meat inspectors continued in operation during the year. Seven more trainees obtained the Certificate in Meat Inspection and another passed the examination and will be eligible for his certificate on attaining the age of 21. Since the scheme began in September 1963, 22 trainees have been appointed. At the 31st December, 1965, 12 had obtained their certificates, 3 had passed the examination and will be eligible for their certificates on attaining the age of 21 and 7 were still under training. Although the scheme has eased staffing difficulties, the increasing number of successful trainees who are leaving within a comparatively short time of qualifying, is causing great concern and it seems certain that some steps will have to be taken to reduce this loss of qualified staff.

Animals Slaughtered in the City

The following table shows the numbers of animals slaughtered at the different types of slaughterhouses in the City with comparative figures for 1964.

				<i>Beasts</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Public Abattoir	...	...	1965	34,369	12,169	206,526	78,538	331,602
			1964	33,502	17,121	178,240	68,928	297,791
Bacon Factories	...	...	1965	—	—	—	153,639	153,639
			1964	—	—	—	143,457	143,457
Other Private			1965	963	50	5,966	1,279	8,258
Slaughterhouses	...		1964	1,139	116	7,839	1,361	10,455
TOTAL			1965	35,332	12,219	212,492	233,456	493,499
			1964	34,641	17,237	186,079	213,746	451,703

Incidence of Disease

The following tables show the incidence of various diseases in food animals slaughtered in the City.

CONDEMNATIONS

AT PUBLIC ABATTOIR

AT PRIVATE SLAUGHTERHOUSES

	Carcases		Offal		Carcases		Offal	
	Total	Partial	Total	Partial	Total	Partial	Total	Partial
ADULT CATTLE:								
Tuberculosis	1	1	1	19	—	—	—	—
John's disease	—	—	—	—	—	—	—	—
Actinobacillosis (— mycosis) ...	—	2	—	148	—	—	—	—
Septicaemic conditions	9	2	9	—	—	—	—	—
Pneumonia and/or pleurisy ...	—	5	—	1931	—	—	—	3
Peritonitis	—	15	—	154	—	—	—	—
Mastitis	—	—	—	—	—	—	—	—
Hepatic abscess	—	—	—	1563	—	—	—	31
Fascioliasis (fluke)	—	—	—	6114	—	—	—	16
Parasitic pneumonia	—	—	—	—	—	—	—	—
Echinococcosis	—	—	—	704	—	—	—	12
Cysticercosis (C. bovis)								
(a) Rejected	—	—	—	55	—	—	—	—
(b) Refrigerated	55	—	—	55	—	—	—	—
Tumours	1	—	1	—	—	—	—	—
Bruising	—	210	—	—	—	—	—	1
Emaciation and oedema	8	—	8	—	—	—	—	—
Other conditions	6	129	6	888	—	—	—	14
CALVES:								
Congenital tuberculosis	—	—	—	—	—	—	—	—
Tuberculosis	—	—	—	—	—	—	—	—
Septicaemic conditions	25	—	25	1	—	—	—	—
Joint-ill or navel-ill... ..	7	—	7	—	—	—	—	—
Bruising	2	15	2	5	—	—	—	—
Emaciation and oedema	5	—	5	—	—	—	—	—
Immaturity	1	—	1	—	—	—	—	—
Other conditions	51	21	51	69	—	—	—	—
PIGS:								
Swine fever	—	—	—	—	—	—	—	—
Swine erysipelas	2	17	2	—	—	—	—	—
Tuberculosis	6	6	6	1816	—	—	—	30
Septicaemic conditions	57	18	57	—	1	—	1	1
Pneumonia and/or pleurisy ...	4	39	4	3731	—	—	—	77
Pyæmia	38	1	38	—	—	—	—	—
Arthritis	4	644	4	—	—	—	—	—
Abscess	15	517	15	218	—	1	—	3
Echinococcosis	—	—	—	1	—	—	—	1
Ascariasis (Milk spot)	—	—	—	4581	—	—	—	6
Bruising	1	271	1	5	—	—	—	—
Other conditions	87	211	87	3134	1	—	1	52
SHEEP:								
Septicaemic conditions	92	77	92	8	—	—	—	—
Pyæmia	30	—	30	—	—	—	—	—
Pneumonia and/or pleurisy ...	2	156	2	1080	—	—	—	—
Arthritis	—	241	—	2	—	—	—	—
Parasitic	—	—	—	—	—	—	—	—
Fascioliasis (fluke)	—	—	—	9643	—	—	—	—
Cysticercus ovis	—	—	—	—	—	—	—	—
Echinococcosis	—	—	—	7778	—	—	—	8
Bruising	7	86	7	—	—	—	—	—
Emaciation	738	9	738	12	—	—	—	—
Other conditions	208	155	208	3547	3	—	3	112

CONDEMNATIONS AT BACON FACTORIES

	Carcases		Offal	
	Total	Partial	Total	Partial
Pigs:				
Swine Fever	—	—	—	—
Swine erysipelas	4	12	4	—
Tuberculosis	6	—	6	5795
Septicaemic conditions	97	9	97	1
Pneumonia and/or pleurisy... ..	9	54	9	8500
Pyæmia	47	—	47	—
Arthritis	9	416	9	—
Abscess	72	813	72	552
Echinococcosis	—	—	—	—
Ascariasis (Milk spot)	—	—	—	2440
Bruising	4	309	4	15
Other conditions	213	73	213	11428

In addition to their meat inspection duties, officers are responsible for the enforcement of the Food Hygiene (General) Regulations 1960, the Slaughterhouses (Hygiene) Regulations 1958 and the Slaughter of Animals (Prevention of Cruelty) Regulations 1958. They ensure that slaughtering is carried out in a humane manner and inspect the vehicles used for the transport of animals and of meat.

Licensing of Slaughtermen

The slaughtering or stunning of animals in a slaughterhouse or knacker's yard is permissible only by persons holding a licence granted by the local authority. Licences, other than renewals of existing licences, are granted subject to the condition that the holder may slaughter or stun animals only under the supervision of an experienced slaughterman; a full licence is then granted when the slaughterman has gained experience and can demonstrate his efficiency.

At the 31st December 1965, there were 128 licences in force, of which 4 were subject to the condition mentioned above.

INSPECTION OF FOOD PREMISES AND FOODSTUFFS

Supplies of foodstuffs in the wholesale markets are subjected to regular daily inspection and the supervision of these supplies is continued through the various channels to the consumer. For this purpose the City is divided into ten districts, each supervised by a district food inspector. In addition to the foodstuffs, these inspectors also supervise the shops and other food premises in their districts. In particular, they see that the requirements of the Food Hygiene (General) Regulations, 1960, are observed and that the Marking Orders relating to foodstuffs, made under the Merchandise Marks Acts, are complied with.

Special inspections of premises which are proposed to be used for the sale or storage of foodstuffs are made at the request of the Town Planning Department and the Estates Department, to see that these premises comply with the regulations. During the year 10 such visits were made.

Food Hawkers and Market Stall Holders

Frequent visits are made to hawkers of foodstuffs and market stall holders who purchase their supplies in the wholesale markets, a total of 24,723 visits being made during the year. Section 42 of the Birmingham Corporation Act, 1948, provides for the registration of hawkers of food and of their storage premises, and at 31st December, 1965, registration had been effected in 391 cases.

Food Preparation Premises

Food preparation premises such as those used for the manufacture of sausage, cooked meats and pork pies, are registered under Section 16 (1) of the Food and Drugs Act, 1955.

School Meal Kitchens, Residential Homes, etc.

Regular visits are made to these premises to inspect food supplies, storage conditions and kitchens. In addition, special checks are made on meat supplies, to see that the quality and prices are according to the conditions of contract.

Food Premises subject to the Food Hygiene (General) Regulations, 1960.

	<i>Number of premises</i>	<i>Number which comply with Reg. 16*</i>	<i>Number to which Reg. 19 applies**</i>	<i>Number which comply with Reg. 19*</i>	<i>Number of visits in 1965</i>
Butchers	950	946	950	950	16,896
Grocers	873	860	861	858	5,941
Greengrocers ...	768	738	768	759	7,306
Fishmongers ...	33	33	33	33	1,327
Horseflesh shops ...	1	1	1	1	13
Food preparation premises... ..	242	242	242	242	6,703
School meals kitchens, etc.	356	356	356	356	3,669
	3,223	3,176	3,211	3,199	41,855

* Regulation 16 requires the provision of wash hand basins, water supply, etc.
 **Regulation 19 requires the provision of facilities for washing food and equipment.

Note:— The numbers of premises which do not comply with Regulations 16 and 19 are comparatively few. In the main these are new businesses where the premises are in the process of being brought up to standard or old premises which are scheduled for demolition in the near future.

Foodstuffs judged as unfit

					1964			1965		
					<i>T.</i>	<i>c.</i>	<i>q.</i>	<i>T.</i>	<i>c.</i>	<i>q.</i>
Meat and offal	...	...	...	...	271	17	2	260	10	1
Fish	...	...	...	...	37	7	2	36	14	0
Poultry, etc.	...	...	...	...	10	3	2	19	19	2
Fruit and vegetables	...	...	...	...	506	16	2	584	16	1
Miscellaneous	...	...	...	...	95	8	1	92	15	3
					921	13	1	994	15	3

Note:— The increase of almost 100 per cent. in the amount of poultry found to be unfit was due to a large quantity rendered unfit during mild weather in December.

Complaints and request inspections of foodstuffs

This year, as in 1964, complaints from members of the public and requests from traders to examine foodstuffs they considered might be unfit for sale took up quite a large proportion of the food inspectors' time. 3,684 visits were made as a result of complaints or requests, in addition to which a number of shopkeepers and food manufacturers visited the office in connection with complaints about foodstuffs they had sold or manufactured.

Every complaint received is thoroughly investigated. A few are found to be unjustified and some arise through damage in transit, but the majority occur through lack of care on the part of the shopkeeper or manufacturer. A poor or non-existent system of stock rotation is often found to be the cause of complaints where the shopkeeper is to blame. Complaints where the manufacturer is at fault usually involve the inclusion of foreign bodies in foodstuffs, and here it would appear that inadequate supervision of staff is the main cause, although some complaints could be avoided by the installation of detection apparatus. If at all possible, advice is given on the steps which could be taken to prevent similar complaints occurring again.

In a number of cases legal proceedings were instituted and details of the cases which were brought before the magistrates during the year are given below.

OFFENCE	FINE	COSTS
<i>Food and Drugs Act, 1955.</i>		
Sale of mouldy cakes	£15	12/6
Exposure for sale of mouldy cakes	£15	—
Sale of can of corned beef containing a beetle	£75	—
Sale of chocolate biscuit containing a nail	£20	—
Sale of mouldy apple pie	£30	30/-
Sale of bap containing a nail	£20	35/-
Sale of loaf containing cotton material	£20	10/-
Sale of loaf containing a piece of plastic	£20	35/-
Sale of cake containing a screw	£20	20/-
Sale of mouldy pork pie	£50	10/-
Sale of loaf containing a piece of plastic	£15	—
Sale of mouldy sausage roll	£15	—
Sale of packet of tea containing cigarette ends, wood and foil	£75	20/-
Sale of cake containing a cigarette end	£25	—
Sale of mouldy chocolate (2 offences)	£30	30/-
Sale of chocolates containing beetles	£30	—
Sale of loaf containing cotton material	£50	30/-
Sale of mouldy steak and kidney pies	£15	10/-
Sale of mouldy pork pie	£30	—
Sale of mouldy pork pies	£30	—
Sale of mouldy cake	£15	—
Sale of jar of jam containing a cigarette filter tip	£20	—
Sale of rabbit containing maggots	£10	20/-
Sale of unfit sausages	£30	—
Sale of mouldy cake	£25	25/-
Sale of mouldy pork pies	£15	—
Exposure for sale of mouldy pork pies... ..	£15	—
Sale of mouldy pork pies	£15	15/-
Sale of mouldy apple pies	£22	£22
Sale of steak and kidney pie containing wire	£25	10/-
Sale of mouldy cake	£40	40/-
Sale of mouldy cake	£10	—
Sale of mouldy tart	£10	—
Sale of loaf containing a piece of wire	£50	21/-
<i>Merchandise Marks Act, 1887.</i>		
False description of prepacked meat	£20	£5
False description of prepacked liver	£20	—
<i>Milk and Dairies (General) Regulations, 1959</i>		
Sale of bottle of milk containing paper	£15	—

THE MILK SUPPLY

Regular monthly inspections were made of all city dairy herds, when the cows were examined for any evidence of disease or uncleanness. The cowsheds were also inspected. All were found to be satisfactory.

At the end of the year there were eight dairy herds in the city, comprising 285 cows.

In addition to the herds mentioned above there were, at the beginning of 1965, three belonging to hospital farms which do not supply milk to the public. Two of the three herds, those belonging to Monyhull Hospital, were disposed of during the year and only the herd at Rubery hospital now remains. Quarterly samples of milk were taken from these herds and submitted for examination for evidence of tuberculosis or brucellosis; no evidence of disease was found.

GAME DEALERS

The City Council, early in 1965, had before them a report of the General Purposes Committee on the provisions of the Police Act, 1964, which involved the revision of the functions of the Watch Committee, and in consequence certain delegations were transferred to other committees of the Corporation. The powers and duties of the The Game Licences Act, 1860, which requires game dealers to be licensed by the local authority, were delegated to the Health Committee.

Licences, which are granted annually on 1st July, are dealt with by the Veterinary Officers and Food Inspectors Section, and at the 31st December, 1965, there were 64 licences in force.

SHELLFISH

Of the various shellfish on sale, mussels are considered to be the most likely to give unsatisfactory results at the present time. Seventy samples from seven different sources were examined. The results are shown in the table which follows. In each case an average of two pools of five mussels each was taken.

<i>B. coli</i> Type 1 per 1 ml. of fish	Number of samples
Nil	36
0.125	1
0.25	7
0.5	8
0.75	4
1.0	4
1.25	1
1.5	2
1.75	1
3.0	2
3.75	1
4.0	1
7.25	1
12.5	1

With the exception of the last two, all these results were satisfactory. The two unsatisfactory results came from different sources, both of which

normally supply mussels of a high standard. Reports were sent to the local Medical Officers of Health informing them of the amount of B. coli Type 1. in these two samples.

Three samples of oysters from two different sources were also examined and gave satisfactory results.

WATERCRESS

Three samples of watercress from different sources were examined during the year. In two of them it was reported that no B. coli Type 1 were present. In the third sample it was reported that 30 B. coli Type 1 per 100 gms. watercress. This was dealt with by a letter to the Medical Officer of Health of the district from which the sample originated.

MILK AND DAIRIES SECTION

The end of 1965 concluded the first quinquennial licensing period under the Milk (Special Designation) Regulations, 1963 (as amended), and preparations were made for the re-licensing on 1st January, 1966, of all milk processing plants, depots and shops retailing milk within the City. No longer having the assistance of the Public Health Inspectors for this task, it was necessary to distribute forms of application through the post to all persons on the then existing register. The first letter in mid-November, 1965, achieved only a small response and it was necessary to send a reminder letter in mid-December, 1965, which brought a more satisfactory reaction. There remained, however, some four hundred outstanding addresses from which no response had been forthcoming.

Investigation showed that a large proportion of these were shops which had changed hands without the Department being notified. The remainder were due to property demolition in the course of redevelopment in various parts of the City or to discontinuation of the sale of milk for various reasons.

The following details summarise the work of supervision and inspection of plant and premises carried out during the year:—

VISITS TO:—

Pasteurising plants	...	...	...	...	...	...	241
Sterilising plants	...	...	...	...	...	...	180
Milk distributors	...	...	...	...	...	...	313
Egg pasteurisation plant	...	...	...	...	...	...	41
Bakehouses	...	...	...	...	...	...	265
Milk vending machines	...	...	...	...	...	...	88
Food shops	...	...	...	...	...	...	2,354
Ice cream and iced lollipop makers	...	...	...	...	...	...	255
Ice cream storage and vehicle depots	...	...	...	...	...	...	273
Ice cream vehicles (making and selling)	...	...	...	...	...	...	82

PREMISES NOT CONTROLLED BY SECTION

Selling milk and/or ice cream	...	...	...	...	...	142
Making ice cream	...	...	...	...	...	23
Having milk dispensing machines	...	...	...	...	...	239

MISCELLANEOUS:—

Accompanied and other visits	...	...	...	...	...	978
Interviews	...	...	...	...	...	86
Investigation of complaints	...	...	...	...	...	114
Demonstrations and lectures	...	...	...	...	...	24
Unsuccessful visits	...	...	...	...	...	621

Dairy premises, etc.

The number of dairy and allied premises under our control at the end of 1965 was as follows:—

Pasteurising plants— all H.T.S.T....	...	...	...	...	5
Sterilising plants	...	...	...	...	4
Distributing depots operated by the larger dairy firms	...	...	...	...	19
Retail purveyors	...	...	...	...	16
Shops selling milk	...	...	...	...	2,141

The large drop in the number of shops retailing milk is due in the main to the closure of premises prior to demolition and re-development.

Complaints

The following complaints were received during the year:—

GENERAL

Dirt or foreign matter in bottles	...	...	...	...	24
“Watery” sterilised milk	...	...	...	...	5
Watered milk	...	...	...	...	3
Off-flavoured milk	...	...	...	...	3
Discoloured milk	...	...	...	...	1

SCHOOLS

Dirt or foreign matter in bottles	...	...	...	...	6
Watered milk	...	...	...	...	1
Off-flavoured milk	...	...	...	...	3

Two prosecutions were taken under Regulation 27 of the Milk and Dairies (General) Regulations, 1959. Pleas of “guilty” were entered in both cases and fines totalling £25 were imposed.

Three complaints of “off flavour” schools milk were investigated. All arose from two schools which had recently had a change of supplier. Corresponding samples were obtained in each instance and all proved to be satisfactory and without abnormality.

In the cases of complaints of “off flavour” in milk from the general public, only in one instance was it possible to obtain a specimen of the milk concerned. In this instance the “off flavour” was due to the presence

of a large quantity (9·5 per cent.) of sodium chloride (common salt). Since only calcium chloride is used for brine at the processing dairy concerned, this incident was attributed to a practical joke, probably having taken place after delivery at the home of the complainant.

A moth was alleged to have been found in a bottle of school milk. Investigation revealed that the moth was alive and since it could not have survived in the liquid for a period in excess of twenty-four hours it can only be concluded that it gained access after the bottle was opened at the school.

Four cases of alleged watering of milk were investigated (one school and three public). In all instances the milk proved to be genuine. The five complaints of “watery” sterilised milk were due either to chipped necks of bottles or defective cork liners in caps allowing ingress of water during processing.

A pink tinge in a bottle of sterilised milk was probably due to over-cooking. The milk was genuine and passed the prescribed tests.

There was one instance of infestation of a milk bottle with pupae of the vinegar fly (*Drosophila busckii*). The pupae adhere to the insides of bottles containing milk dregs and have the appearance of grass seeds. Normal washing will not remove the pupae from the bottles.

Milk Sampling

(a) UNTREATED MILK

	<i>Total No. of samples taken for Methylene Blue Test</i>	<i>No. of failures</i>
... ..	103	4 (3·88%)

Six samples not included in the total were declared “void” on account of excessive shade temperatures.

Thirty-seven samples reported on for the presence of *Brucella abortus* were all declared negative.

(b) PASTEURISED MILK

	<i>Methylene Blue Test Number submitted</i>	<i>Number failed</i>	<i>Phosphatase Test Number submitted</i>	<i>Number failed</i>
<i>From dairies inside City</i>				
From rounds etc. ...	380	2 (0·53%)	332	Nil
From schools ...	154	Nil	156	Nil
From vending machines	52	1 (1·92%)	50	Nil
From “Tetrapak” ...	4	Nil	4	Nil
<i>From dairies outside City</i>				
From rounds etc. ...	179	Nil	185	Nil
From schools ...	26	Nil	25	Nil
From vending machines	46	2 (4·35%)	48	Nil

Thirty-five samples, not included in the above figures were declared "void" on account of excessive shade temperatures.

(c) STERILISED MILK	<i>No. of samples submitted for Turbidity Test</i>	<i>No. of failures</i>
<i>From Dairies inside City</i>	96	Nil
<i>From Dairies outside City</i>	13	Nil

Penicillin in Milk

During the year 220 samples of ex-farm milk were submitted to the Public Health Laboratory for examination for the presence of penicillin. Five samples (2.27 per cent. of the total) were reported as containing more than 0.05 international units of penicillin per millilitre. (In 1961 a national survey carried out by the Ministry of Agriculture, Fisheries and Food found 4.95 per cent. of samples to contain this quantity of penicillin with the West Midland Region having a higher incidence than the average.)

Warning letters were sent to the five farmers concerned. Their replies lead us to believe that failure to withhold milk from supply for the recommended period after the use of penicillin in the treatment of mastitis, or the mistaken use in milch cows of a long-acting penicillin which is suitable only for dry animals, gives rise to these adverse results.

Repeat samples were taken from the five farms giving unsatisfactory results. Penicillin was not detected in any of these samples.

Cold milk dispensing machines

A total of 362 samples were taken from these machines during the year, and, of these, 91 (25.14 per cent.) failed the Methylene Blue Test. These failures were invariably due to the lack of care in the cleansing and sterilisation of the machines.

Gross ignorance of staff due to lack of instruction from superiors is often to blame for these shortcomings. Instances have been found where machines were subjected to only an occasional swill-through with cold water without use of detergents or sterilisers, although these were available. In other instances these materials have been expended and never replaced. A frequent turn-over of staff is one of the causes of these shortcomings, as is the fact that senior supervisory staff are often themselves ignorant of the simpler rules of hygiene.

Churn and Bottle washings

Examination of the churn and bottle washing plant at the dairies gave the following results:-

(1.) Bottles

Forty samples were taken, three of which gave plate counts in excess of 200. Repeat sampling of those showing a high count gave satisfactory results. B. coli tests were negative on all samples.

(2.) *Churns*

Thirty-one samples were taken and all were classified as "satisfactory", being below the recommended standard of 50,000 organisms per churn. *B. coli* tests were negative on all samples.

Goats' Milk

On receipt of a report that goats' milk was being sold for human consumption from a private house within the City, steps were taken to procure a sample of the milk although goats' milk does not come within the scope of the Regulations governing the sale of milk. The sample of untreated milk obtained gave the following results:-

Methylene Blue	...	...	Satisfactory
<i>B. coli</i> type 1	...	...	At least 1,000 per c.c.
<i>Brucella abortus</i>	...	...	Negative
Tuberculosis	...	...	Negative

In view of the gross contamination with *B. coli*, the vendor was advised to take certain steps to improve the cleanliness of his product, including the possibility of heat treating the milk before sale. Because of the small quantity of milk involved the vendor decided to discontinue its sale and to use the milk only for his own domestic purposes after it had been boiled. This arrangement was regarded as satisfactory and no further action was taken.

Fresh Cream

Three hundred and eight samples of fresh cream were submitted for the provisional methylene blue test:-

<i>Number of samples</i>			<i>Time taken to decolourise Methylene Blue</i>
75	...	...	4 hours
233	...	...	More than 4 hours

Six of the above samples were submitted for the *B. coli* Test and in two of these *B. coli* were found to be present.

In addition one sample was submitted for the Turbidity Test and proved satisfactory.

Of six samples submitted for *B. coli* and plate counts, *B. coli* were present in one sample; five samples had plate counts under 1,001 and one was uncountable.

A series of unsatisfactory results was obtained from the product marketed by a firm outside the City, a subsidiary of a London dairy. Investigation revealed that there was some slackness at the depot in the rotation of stocks and the delivery vehicle was not always suitable for its purpose. On one occasion the vehicle was found without refrigeration and

the driver was travelling between delivery points with the vehicle doors wide open, thus allowing the temperature inside the vehicle to equal the ambient temperature and producing conditions ideal for the rapid deterioration of the cream.

Representations were made to the dairy company pointing out these failings; an improvement was then obtained in delivery conditions. Subsequent samples of the product have proved satisfactory.

Yoghourt

Four samples were taken for *B. coli* tests and all gave negative results.

Imitation Cream

Routine sampling of imitation cream used at the confectionery bakeries controlled by the Milk and Dairies staff and those under the control of the Chief Public Health Inspector gave the following results:—

<i>Source of Samples</i>	<i>Colony Count per m.l.</i>	<i>Bakeries controlled by Milk and Dairies Section Number of Samples</i>	<i>Bakeries controlled by Chief Public Health Inspector Number of Samples</i>
Unopened container	0— 1,000	75	38
	1,001—10,000	7	2
	10,001—over	7	3
	Uncountable	2	—
		<hr/> 91	<hr/> 43
Mixing bowls, etc.	0— 1,000	68	35
	1,001— 10,000	5	3
	10,001—100,000	6	5
	Uncountable	4	—
		<hr/> 83	<hr/> 43

All samples were also submitted to the *B. coli* test and three gave positive results. Two of these were from tins and one from a mixing bowl. Repeat samples at the premises concerned proved satisfactory.

Two samples, not included in the above figures, could not be examined because of a water-bath failure in the laboratory.

Ice Cream

During the year three manufacturers' registrations were cancelled leaving the total of registered manufacturers at the end of 1965 at 73.

The number of premises registered for sale only at the end of 1965 was 2,916 as compared with 2,951 at the end of 1964.

Fifty-one registrations were effected during the year for persons only — all in respect of the operation of ice-cream making vehicles. Twenty-four persons previously registered discontinued trading in this manner.

Sampling for hygienic quality has been carried out using the provisional methylene blue test.

Grade	<i>Samples of ice cream manufactured on premises in the City</i>	<i>Samples of ice cream manufactured on premises outside the City</i>	<i>Total samples 1965</i>	<i>Results 1964</i>
1	270 (75·21%)	160 (90·39%)	430 (80·22%)	500 (91·07%)
2	48 (13·37%)	14 (7·91%)	62 (11·57%)	42 (7·65%)
3 & 4	41 (11·42%)	3 (1·70%)	44 (8·21%)	7 (1·28%)

Grades 3 and 4 are regarded as unsatisfactory

The high proportion of failures of samples of ice cream manufactured on premises inside the City was associated with the ever increasing number of ice cream manufacturing vehicles on the road. In particular, poor results were obtained from several vehicles belonging to the same person. Subsequent sampling, however, revealed that the trouble was, in fact, on the manufacturing premises and not due to the vehicles. These repeated samplings tend to give a false impression when percentages are considered, since the sampling was intensified whilst trying to locate the source of trouble. This was successfully accomplished and later sampling from the same sources proved satisfactory.

Sampling for compositional quality has been carried out as follows:—

Ice cream manufactured inside the City ...	...	...	...	207
Ice cream manufactured outside the City	...	...	...	48

All these samples were satisfactory.

Iced Lollipops

The number of premises registered for the manufacture of iced lollipops is now 22, four cancellations having been effected during the year.

Premises registered for sale only at the end of 1965, numbered 2,868 compared with 2,903 at the end of 1964.

In addition to the above, 51 registrations were granted, to persons only, in respect of sales vehicles and 24 persons similarly registered previously discontinued trading.

BACTERIOLOGICAL EXAMINATION:—

One hundred and seventy-nine samples were submitted to the B. coli test and two gave positive results.

All samples were also submitted to the plate count test with the following results:—

<i>Count</i>	<i>Number of samples</i>
Nil	46
1 – 50	114
51 – 100	12
101 – 500	1
501 – 1,000	6
	<hr/>
	179
	<hr/>

Those samples showing the presence of *B. coli* were from sources outside the City and were followed up with the manufacturers and Medical Officers of Health concerned. Subsequent samples gave satisfactory results.

METALLIC CONTAMINATION

Twenty-eight samples were submitted to determine the amount of metallic contamination. One sample gave a reading of 5 parts per million lead content. A repeat sample proved satisfactory.

Egg Sampling

Seventy-six samples of frozen whole egg, all of British origin, were submitted to the alpha-amylase test and all gave satisfactory results.

One sample of shell egg was taken from a bakery during a food poisoning investigation and proved satisfactory.

Shop Inspections

A total of 2,354 visits of inspection and re-inspection were made to food shops by inspectors of the Milk and Dairies Section. These are classified as follows:—

Not selling milk or ice cream	...	...	...	...	...	425
Selling only milk	...	...	...	...	...	331
Selling milk and ice cream	...	...	...	...	...	1,017
Selling only ice cream	...	...	...	...	...	519
Making ice cream	...	...	...	...	...	60
Making iced lollipops	...	...	...	...	...	2

FOOD HYGIENE (GENERAL) REGULATIONS, 1960 REGULATIONS 16 AND 19

Total number of premises controlled by section	...	...	2,870
Number of premises complying with Regulation 16	...	...	2,849
Number of premises to which Regulation 19 applies	...	...	1,528
Number of premises complying with Regulation 19	...	...	1,497
Number of visits to these premises	...	...	2,354

During the 567 initial inspections a total of 590 contraventions of the Food Hygiene Regulations or the Public Health Acts were found in 304 shops.

These contraventions are classified as follows:—

FOOD HYGIENE REGULATIONS

Reg. 6.	Cleanliness of equipment	...	...	...	...	25
Reg. 8.	Protection from contamination	...	...	...	...	123
Reg. 9.	Personal cleanliness	...	...	...	...	2
Reg. 10.	Carrying and wrapping of open food	...	...	...	...	—
Reg. 12.	Soil drainage systems	...	...	...	...	1
Reg. 14.	Sanitary conveniences	...	...	...	...	26
Reg. 15.	Water supply	...	...	...	...	1
Reg. 16.	Wash-hand basins	...	...	...	...	39
Reg. 17.	First-aid materials	...	...	...	...	24
Reg. 18.	Clothing accommodation	...	...	...	...	13
Reg. 19.	Washing of equipment	...	...	...	...	39
Reg. 20.	Lighting	...	...	...	...	—
Reg. 21.	Ventilation	...	...	...	...	—
Reg. 22.	Sleeping place	...	...	...	...	1
Reg. 23.	Cleanliness and repair	...	...	...	...	153
Reg. 24.	Accumulations in food rooms	...	...	...	...	7
Public Health Act, etc.	...	...	...	...	...	136

CHIEF PUBLIC HEALTH INSPECTOR'S SECTION

During the year inspectors engaged on district duties made a total of 6,531 visits to premises as follows:—

Visits to cafes, hotels, restaurants, eating houses, clubs, school meals canteens, fish and chip shops, etc.	...	...	...	...	5,200
Visits to factory canteens	...	...	...	...	588
Visits to bakehouses	...	...	...	...	107
Visits to licensed premises where food is sold	...	...	...	...	567
Special visits to licensed premises	...	...	...	...	69
					<hr/> 6,531 <hr/>

This figure is a little below that for 1964 when 7,147 visits were recorded and this drop is undoubtedly due to the continued shortage of inspectors coupled with increasing pressure of work in other fields, especially that in regard to houses in multiple occupation.

All premises to which this section of the Report refers are fitted so as to comply with Regulations 16 and 19 of the Food Hygiene (General) Regulations, 1960.

Nine premises were the subject of legal proceedings in 1965 for what were considered to be offences against the requirements of the Food Hygiene (General) Regulations, 1960. Eight of the cases concerned cafes or restaurants where deplorably filthy conditions had been found. The ninth case was in respect of a fish and chip shop which was in a similar condition.

Summonses were issued against 11 persons who were either proprietors or managers of these food premises, alleging a total of 106 offences against the Regulations. The offences arose from the general insanitary condition of the premises, the dirty condition of the structure of the food rooms, the dirty state of the utensils and equipment, accumulations of refuse, the failure to keep clean the hands and overalls of food handlers, the failure to provide soap, towels, nailbrushes, first aid equipment and the failure to protect food against risk of contamination. All defendants were found guilty and the majority of the offences were proved and the Magistrates imposed fines totalling £616. In each case there had been a history of poor hygiene and the offenders had been warned both verbally and by letters to improve conditions, before it was decided to take legal action.

Other food premises visited by the inspectors on district duties included:—

Breweries	...	...	6	Mineral water factories	...	...	7
Sweet manufacturers	...	15	Jam makers	...	...	...	1
Biscuit manufacturers	...	1	School canteens (with serveries only)	260			
Potato crisp manufacturers	...	2	Fish and chip friers	...	...	...	306

Licensed Premises

Notifications of applications submitted to the Justices for licences to sell intoxicating liquor or for registration of clubs are sent to the Department as they are received so that opportunity can be given for objection to be raised where the requirements of the Acts and Regulations delegated to the Health Committee have not been met. There were 230 notifications received during the year, most of which were for renewal of existing registrations. Inspections were carried out and in only 16 cases was it found necessary for letters of constructive criticism to be sent to the secretaries or proprietors of the clubs, calling for improvements. In two cases was it found necessary to raise formal objection with the Justices to the registration of the club on the grounds that the premises were insanitary and unsuitable for use as food premises. This objection was considered with other points by the Justices and registration was refused.

The special visits to on-licence premises were continued during evening peak trading hours, followed by a visit during the day soon afterwards. Off-licence premises also received attention with daytime visits. Because of the staff position, evening inspections were again on a reduced scale and only 28 on-licence premises were visited during the year. In the case of four licensed premises, deficiencies of equipment, disrepair or other conditions were found and were the subject of letters to the respective breweries.

Mobile Canteens

A hawker of food, which term includes the operator of a mobile canteen, must be registered under the provisions of Section 42 of the Birmingham Corporation Act, 1948, before he can operate in the City. There were two new applications for registration and 12 cancellations during the year reducing the total to 55 operators of mobile canteens registered in the City at the year end. Under this Section, no one, other than a person keeping an open shop for sale of food, shall either by himself, or by any person employed by him, sell, offer or expose for sale any food from any cart, barrow or other vehicle or from any basket, pail, tray or other receptacle unless he is registered with the Corporation. In addition, if it is necessary to use premises for the storage of food intended for such sale from any cart, barrow, etc., then the premises must be suitable and registered with the Corporation.

The provisions of the Food Hygiene (General) Regulations, 1960, apply in these cases. The general standard of food hygiene observed by the operators of mobile canteens was found to be uniformly reasonably satisfactory and they readily co-operated with the inspectors in remedying any deficiencies.

Factory Canteens

Regular visits of inspection are made to factory canteens which continue to play such a large part in the feeding habits of many workers and cater for thousands of main meals each day. A generally good standard of hygiene in food handling and of the premises is reported. There were 784 canteens known to be operating in the City in 1965 compared with 790 at the end of 1964.

Eating Houses and Catering Premises

Section 54 of the Birmingham Corporation Act, 1935, requires the registration with the Corporation of all premises substantially or mainly used for the sale of food to members of the public for consumption on the premises. Exception to this requirement is where a justice's licence for the sale of alcoholic liquor is held. At the end of the year there were 823 registered catering premises compared with 774 at the end of 1964.

During the year the registration of 57 new eating houses was effected while eight registrations were cancelled as the premises ceased to be so used. The Food Hygiene (General) Regulations, 1960, were applicable to all these premises and visits have been made to ensure the observance of them and to see that a good standard of food hygiene is maintained.

Bakehouses and Confectionery Bakehouses

At the end of 1965 there were 71 bakehouse premises operating in the City as compared with 73 in the previous year. Thirty of these premises are solely engaged in the manufacture of cake confectionery, two restrict their activities to the baking of bread and the remaining 39 manufacture both bread and confectionery in varying proportions.

Visits of inspection to the 60 smaller bakehouses have been made at approximately six-monthly intervals as part of routine district public health inspection and the standard of hygiene of these premises continues to be well maintained. The 11 larger bakehouses in the City have been under the constant supervision of the Milk and Dairies Section.

VETERINARY SERVICES

DISEASES OF ANIMALS ACTS

The Department is responsible through its Veterinary Section for carrying out the duties of the local authority under these Acts and the Orders made under them. In addition to those specifically mentioned below, these duties include the publication of the orders of the Ministry of Agriculture, Fisheries and Food, the supervision of the cleansing and disinfection of infected premises, the issuing of licences for the movement of animals, and the enforcement of orders made for the protection of animals and poultry from unnecessary suffering during transit.

The chief veterinary officer, Mr. W. S. Davison, his deputy Mr. A. Wilson, and an assistant veterinary officer Mr. G. Owen, have been appointed local veterinary inspectors of the Ministry of Agriculture, Fisheries and Food in Birmingham, and in that capacity make diagnostic inquiries in the case of suspected scheduled diseases.

Dead Animals

Animals found dead on arrival at their destinations or which may die whilst awaiting slaughter, and pigs which die on private premises, are examined to ascertain the presence or otherwise of anthrax or other scheduled contagious disease. The following table shows the numbers found dead during the year:—

					<i>Beasts</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
City Abattoir	...	...	...	...	1	16	123	43
Bacon Factories	...	...	...	...	—	—	—	176
Other Private Slaughterhouses	...	...	...	...	—	—	—	—
Pig Keepers' Premises	...	...	...	...	—	—	—	7
					1	16	123	226

The result of the examination was negative in each case.

Visits

The following visits were made during the year:—

Pig Keepers' Premises...	...	...	...	...	...	117
Poultry Slaughterers and Dealers	...	...	...	...	...	22
						139

Diseases of Animals (Waste Foods) Order 1957

This order provides for the licensing by the local authority of plant used for the boiling of waste food intended for feeding to animals or poultry. At the 31st December 1965, 167 licences were in force in the City.

Pig Keepers' Premises

These premises are visited to examine dead pigs, to inspect the records which are required to be kept under the Movement of Animals (Records) Order 1960, and to check that the provisions of the Diseases of Animals (Waste Foods) Order, 1957, are complied with. Additionally, visits are made to see store pigs which have been brought into the City under licence, during the period of 28 days' detention prescribed by the licence. During the year 1,821 store pigs were licensed to premises in the City.

Tuberculosis (Bovine)

Post-mortem examinations were made on 24 cattle which had reacted to tuberculin tests and which were sent to the abattoir for slaughter. A report of the post-mortem findings was sent to the Ministry of Agriculture, Fisheries and Food in each case.

Importation of Dogs and Cats Order 1928

The R.S.P.C.A. kennels at Barnes Hill, California, are approved by the Ministry of Agriculture, Fisheries and Food as a place of detention and isolation for imported dogs undergoing quarantine.

A veterinary officer visits the premises once in every period of four weeks and makes a report to the Ministry of Agriculture, Fisheries and Food.

Certificates for export

Export certificates are issued when required for straw, animal casings, meat, dogs and birds which are to be exported. The form of certificate varies according to the requirements of the country of destination; in the case of dogs for certain destinations, blood samples have to be taken and submitted to the Ministry of Agriculture laboratory for examination.

PET SHOPS

The Pet Animals Act, 1951, regulates the sale of pet animals and makes it an offence to keep a pet shop except under the authority of a licence granted by the local authority.

The licensing and inspection of pet shops is carried out by the Veterinary Section and during the year 35 visits were made to proposed new pet shops and to existing pet shops, to ensure that the conditions of the licence were being observed.

At the 31st December, 1965, there were 68 licensed pet shops in the City.

ANIMAL BOARDING ESTABLISHMENTS

The Animal Boarding Establishments Act, 1963, regulates the keeping of boarding establishments for dogs and cats and makes it an offence to keep such an establishment except under the authority of a licence granted by the local authority.

The licensing and inspection of these premises is carried out by the Veterinary Section and during the year 22 visits were made, in connection with the granting of licences and to ensure that, where licences had been granted, the conditions of the licence were being complied with.

At the 31st December, 1965, there were 12 licensed animal boarding establishments in the City.

RIDING ESTABLISHMENTS

The Riding Establishments Act, 1939, permitted local authorities to inspect premises used as riding establishments. The Riding Establishments Act, 1964, which came into operation on 1st April, 1965, revoked the 1939 Act and requires local authorities to inspect and license riding establishments. Inspections were carried out under the 1939 Act, but the new Act gives more control over these premises.

There are only two riding establishments in the City and during 1965, seven visits were made.

CARE OF CORPORATION HORSES, ETC.

This work is carried out by the Veterinary Section and covers the provision of feeding stuffs and bedding for animals owned by the Corporation, the shoeing of the horses and veterinary attention when required.

Animal Feeding Stuffs and Bedding

A granary is maintained, supplies of feeding stuffs etc. being purchased in bulk and delivered to other departments and institutions as required.

Blacksmiths

Two blacksmiths were employed at the department's forge. They carried out the shoeing of horses used by the Police, Parks and Salvage Departments, and also general work for other departments, mainly the Public Works Department.

During the year, one of the blacksmiths left the department's employ. As the Parks and Salvage Departments had disposed of their horses a short while previously, it was decided not to engage another blacksmith full-time, but arrangements were made to obtain the services of a blacksmith temporarily when necessary.

Veterinary Attention

Animals belonging to the Corporation receive veterinary attention from one of the department's veterinary officers whenever necessary. During the year, treatment was given to horses belonging to the Salvage Department, Parks Department and Police, and to dogs belonging to the Parks Department, Water Department and Police. Rather more unusual were the requests received from the Parks Department for attention to be given to a rabbit and a swan.

The purchase of new horses and the sale of horses no longer required are arranged by the Chief Veterinary Officer. All new police dogs are examined and vaccinated.

Horses

As the Parks and Salvage Departments ceased to use horses during the year, there are now only the 23 horses which are on hire from the Health Committee to the Police.

One new horse was bought during the year at a cost of £320. This was to replace one which was sold in December 1964.

ENVIRONMENTAL HEALTH SERVICES

HOUSING

The activities of the Housing Section continue to change in emphasis from slum clearance to the repair and improvement of houses.

The typical small back-to-back "slum" houses in congested courtyards have mostly been dealt with and the unfit houses now being included in Clearance Areas are generally through houses, built about 80-90 years ago. Before reaching a decision that demolition is the best method of dealing with these houses, careful consideration is given to an alternative course of action — could the houses be made fit at a reasonable cost?

Large blocks of property are falling into varying states of disrepair and unfitness, but are still capable of being made fit at a reasonable cost. If these houses are to be conserved it is essential that systematic house inspection should be resumed so that appropriate notices may be served in order to bring the houses up to a satisfactory standard of fitness, and, if possible, to have improvements carried out at the same time. Wider powers are needed in order to deal with disrepair and lack of maintenance in houses which may not strictly speaking be unfit within the meaning of Section 4 of the Housing Act, 1957.

It is very gratifying to note a substantial increase in the output of new dwellings provided during the year, the total of 5,425 exceeding the output for 1964 by 31 per cent. Of this year's total 4,036 were provided by the Corporation and 1,389 by private enterprise; in addition there was a further yield of 75 dwellings provided by the conversion of large houses into flats, 61 of this extra yield being provided by private enterprise and 14 by the Corporation.

Although there has only been a net increase of 1,830 dwellings during the year and houses in many parts of the City have continued to deteriorate, there is a brighter side to the picture in that during the same period we have got rid of the 3,670 old, worn out houses referred to below; 1,590 houses have been provided with bathrooms, hot water supplies, internal W.C's. and other amenities and 2,220 houses, acquired under the current slum clearance programme as unfit for human habitation, have been completely renovated by the Housing Management Department. In addition, of course, a great volume of "first aid" and other urgent repairs have been carried out by that Department.

One must not overlook the work done by private landlords, either voluntarily or following official action. During the year 161 schedules of work designed to secure exclusion of the houses concerned from the slum clearance programme were examined and approved and 101 houses were rendered fit for human habitation by the completion of such work. Furthermore, 173 notices under Section 9 of the Housing Act, 1957, were served on owners requiring them to carry out specified works to render their houses fit.

I am indebted to the Housing Manager, Mr. J. J. Atkinson, for the following information concerning renovations carried out by his Department:—

(a) The number of houses renovated during 1965:—						
(i)	In Redevelopment Areas ...	...	...	...	...	80
(ii)	In Clearance Areas ...	...	...	...	...	2,140
(b) The total number of houses renovated up to 31st December, 1965 ...						
	...	...	...	...	...	30,243
(c) The number of houses at which interim and complete renovation was in progress at 31st December, 1965 ...						
	...	...	...	...	...	4,100
(d) The number of houses in respect of which repair schedules or contracts were prepared or were in course of preparation at 31st December, 1965 ...						
	...	...	...	...	...	2,130
(e) The average cost of renovation per house during 1965 ...						
	...	...	...	...	...	£320

The number of houses known to have been demolished or closed during the year rose to 3,670, an increase of 1,100 over last year. This speeding up of clearance is welcomed and, with more new dwellings becoming available for replacement, fewer of the unfit houses will need to be “patched” and retained in occupation.

The “patching” of unfit houses so that they can provide accommodation which is “adequate for the time being” has been carried out in Birmingham since 1947 and it is well to be reminded, from time to time, that the houses dealt with in this way are unfit houses which have been included in Clearance Areas – areas where the most satisfactory way of dealing with the conditions in the area is the demolition of all the buildings.

Clearance Areas, Compulsory Purchase Orders and Clearance Orders

The representation of unfit houses included in the programme of slum clearance is now well on the way to completion and the Corporation has already acquired most of the unfit houses in the City. Until recently the bulk of these have been dealt with, after acquisition, by repair but it has now been decided that many more can be demolished soon after they come into Corporation management.

Although the shortage of staff, together with increasing demands of other aspects of housing, has slowed down the rate of representation of Clearance Areas, 1,251 unfit houses were included in the 112 Clearance Areas declared in 1965. There are still about 3,000 unfit houses remaining to be dealt with; these are found mostly in small groups scattered throughout the City. The work of inspection and representation of these houses will continue, but at a lower rate than before. As houses are constantly deteriorating there will always be a number of additional unfit properties to be dealt with each year.

The number of houses included in clearance areas during the year was less than in previous years, but the result of the inclusion of a larger type of house has been that more owners have objected and consequently more schedules of "principal grounds" (the grounds on which the local authority have based their decisions) have had to be prepared and supplied to the objectors. More owners have submitted schemes of work to render their houses fit and each of these schemes has had to be examined and commented upon. This has entailed a very considerable amount of work on the part of the inspectorial staff, involving interviews and correspondence and visits to the property with owners, agents and builders.

During 1965, Inspectors appointed by the Minister of Housing and Local Government paid 24 visits to the City to carry out inspections concerning 363 houses contained in 54 Compulsory Purchase of Clearance Orders to which no objections had been made by the owners of the houses. Ministry Inspectors also conducted nine Public Local Inquiries into 69 Compulsory Purchase Orders which were based on Clearance Areas containing a total of 1,050 houses. Objections by owners, contending that their houses were not unfit, necessitated the preparation of 328 schedules setting out the principal grounds which led to the houses being declared unfit. At the same Public Local Inquiries, the owners of 64 houses submitted schedules of work which they were prepared to carry out so as to render their houses fit for human habitation, and the Minister was requested to exclude these houses from the Compulsory Purchase Orders and Clearance Areas so as to enable this to be done.

Acceptance of such schemes does not always achieve the desired result. For example, a number of houses were inspected in July, 1959, and included in a Clearance Area in November, 1959. A Compulsory Purchase Order relating to this Area was made in August, 1960, and at the Public Local Inquiry, held in November, 1960, the owners of three of the houses submitted satisfactory schemes of work which they said they were prepared to carry out in order to bring their houses up to the required standard of fitness. In confirming the Order in July, 1961, the Minister excluded the houses so that action could be taken under Part II of the Housing Act, 1957, which would then enable the owners to give a formal undertaking to carry out the agreed works.

An official representation under Section 16 of the Act was made in September, 1961. In May, 1962, the owners decided that it would not be an economic proposition to carry out the work ! The matter was considered by the appropriate Committee in June, 1962, and, as no formal offer to carry out work was submitted, the Council determined to purchase the property in lieu of making a Demolition Order. Protracted negotiations by the City Estates Officer to agree terms with the owners for the purchase of the property proved unsuccessful and, in April, 1965, the Council again included the houses in a Compulsory Purchase Order, this time made under Part II of the Act. The Order was not opposed and following a further

visit to the property by a Ministry Inspector in September, 1965, confirmation of the Order was received from the Minister in November, 1965. The houses are now expected to come into Corporation ownership early in 1966, nearly seven years since action was initiated – seven years during which the property has continued to deteriorate.

Fortunately, cases such as this are the exception rather than the rule.

Individual Unfit Houses

The majority of the properties dealt with under this heading consisted of houses which had been excluded from Compulsory Purchase Orders by the Minister so that the owners could render them fit for habitation. Although the owners had submitted satisfactory schemes of work at the time of the Public Local Inquiries, the Act does not provide for the acceptance, at that stage, of a formal undertaking from an owner to carry out the work and action has therefore to start afresh with an official representation under Section 16 of the Act.

Amongst other houses which were the subject of individual action during the year were the following:—

- (a) A large house, standing empty for nearly three years, which had been badly damaged by vandals and from which water pipes, taps, W.C.'s and fittings had been removed;
- (b) An old farmhouse in serious disrepair and without mains water or drainage;
- (c) A small cottage, in gross disrepair, with rising dampness to a height of 8 ft. and without mains water, gas or electricity in the house;
- (d) A damp dilapidated wooden "bungalow" with pail closet, no drainage and no water supply other than rainwater stored in tanks, supplemented by water carried from a house 50 yards away.

Particulars of action taken with regard to individual dwellings during the year, under Part II of the Housing Act, 1957, are:—

(1)	Houses represented as unfit for human habitation	87
(2)	Owners' undertaking accepted:	
	(a) Not to relet for human habitation	12
	(b) To make fit for human habitation	54
(3)	Demolition Orders made	11
(4)	Closing Orders made as demolition would affect adjacent buildings	9
(5)	Houses which the local authority determined to purchase ...	6
(6)	Demolition following making of an Order or acceptance on an Undertaking... ..	25
(7)	Demolition following representation only (no order made) ...	1
(8)	Undertaking to make fit complied with	34
(9)	Parts only of buildings represented as unfit for human habitation	9
(10)	Closing Orders made on parts of buildings	8

Housing Act, 1964 – Improvement Areas

Despite staff shortages it has been possible to make a start on the Improvement Area Programme so as to implement the requirements of the Housing Act, 1964; details of this work are set out on pages 235 – 237 of this report.

Advice to Intending House Purchasers

Becoming owner-occupiers is one of the major events in the lifetime of many families, but the purchase of a house is not without risk. One of the services rendered by the Housing Section is aimed at ensuring that prospective purchasers do not unwittingly buy houses which are likely to be condemned under the Housing Act, 1957.

Requests for information as to the likelihood of such action are received by telephone, by letter and by personal calls and all answers given are checked by a senior member of the staff. The office records of the condition of suspect property are based on a survey carried out eleven years ago and, owing to changes that may have taken place since then, it is necessary to visit doubtful cases to ensure that correct answers are given.

During the year, the total number of such enquiries received from prospective purchasers, vendors, agents, solicitors and Corporation Departments, etc. totalled 31,205 and involved 45,302 houses, giving an average of 124 enquiries per working day.

Mortgage Applications

The Housing Inspectors continued to aid the City Treasurer by inspecting sub-standard houses which were the subject of an application for a mortgage loan.

If the sub-standard houses concerned can be made fit, schedules of the work which should be carried out are prepared for the use of the City Treasurer. In such cases the granting of a loan is conditional upon these repairs being carried out, supervision of the work being undertaken by Housing Inspectors.

Many of the houses for which loans have been granted in recent years are larger than is necessary for one family and periodic investigations are carried out to ensure that breaches of the covenant relating to sub-letting are not taking place.

This co-operation with the City Treasurer's Department accounted for 784 visits, 28 schedules of repair and 165 reports relating to breaches of covenant.

Staff

Inability to bring the staff of Housing Inspectors and Technical Assistants up to a realistic figure is causing serious difficulties in carrying out many of the duties laid down in the Housing Acts and these difficulties were increased towards the end of the year by the serious illness of the Chief Housing Inspector and of one of the five District Housing Inspectors.

The establishment, as compared with the present district staff, is as follows:—

		<i>Establishment</i>	<i>Present Staff</i>	<i>Posts Unfilled</i>
District Housing Inspectors	...	5	5	—
Assistant District Housing Inspectors	...	10	6	4
Assistant Housing Inspectors	...	5	—	5
Technical Assistants	...	10	3	7

PUBLIC HEALTH INSPECTION

Staff

As in the previous year, there was very little improvement in the staffing position of qualified public health inspectors. During the year five experienced inspectors left the Department to take up appointments with other authorities but eight students qualified and were appointed to the permanent staff. In September 14 students were recruited to the training scheme but one of these withdrew in November. Eight other student inspectors resigned during the course and at the end of December there were 38 in training, six of whom were engaged on clerical duties within the office:—

<i>Year</i>					<i>Number of Students</i>
First year	...	...	...	...	14
Second year	...	...	...	...	10
Third year	...	...	...	...	8
Fourth year	...	...	...	...	6

The number of staff employed on district duties at the end of the year was as follows:—

				1964	1965
				<i>Actual</i>	<i>Actual</i>
District Inspectors	...	...	10	10	10
Assistant District Inspectors	...	...	40	29	32
Public Health Inspectors	...	...	20	9	10
Student Public Health Inspectors	...	...	40	36	32
Assistant Inspectors (Technical Assistants)	...	...	20	10	7

Two of the public health inspectors were superannuitants who have been re-engaged due to the extreme shortage of staff. On the 31st December there were eight technical assistants one of whom was attached to the Shops Act inspectorate in connection with the registration under the Offices, Shops and Railway Premises Act 1963. The decision of the Health Committee, however, to appoint an additional ten technical assistants during 1965 has not yet been implemented. This is due to domestic difficulties arising from their decision to decentralise the public health inspectorate and thereby save on valuable travelling time throughout the City, following the recommendations of O. and M. Consultants. Considerable difficulty has been experienced throughout the year in acquiring suitable premises for use as district offices and then bringing them up to the requisite standard. During December, however, one district office was set up on a permanent basis and two more district staffs were moved into temporary overflow accommodation in the City Centre until their transfer into permanent district offices at a later date. It is to be hoped that by the autumn of 1966 three district offices will be in operation and that some of the ten assistants referred to above will be employed, thereby accelerating the rate of general inspection relating to offices.

The duties under the Prevention of Damage by Pests Act, 1949 and the Shops Act, 1950 are carried out by inspectors who specialise in these aspects of the work. At the end of the year there was a vacancy for a Rodent Officer.

Inspections

There was a slight decrease in the total number of visits to premises compared with the previous year. Visits made by inspectors on district, technical assistants and student inspectors totalled 186,047.

Number of visits carried out in recent years were:—

Year	1961	1962	1963	1964	1965
Visits	181,874	170,654	178,719	195,666	186,047

Although there was a reduction in the number of visits made to houses in multiple occupation, there was an increased number of visits made in respect of improvement grant work. Additional visits were also made in respect of newly arrived immigrants and there was a substantial number of visits to offices and shops under the Offices, Shops and Railway Premises Act, 1963. It was not found possible to increase the number of visits to food premises during the year.

The total of visits by staff engaged on general district duties during 1965 was made up as follows:—

		% of total
House inspections	101,661	54.55
Inspections of food premises	6,462	3.50
Visits re infectious disease	7,023	3.78
Inspections of outworkers' premises	265	.14
Inspections of tents, vans and sheds	15	.01
Inspections of stables and pigsties	246	.13
Inspections of tips	277	.14
Visits to burials, exhumations, etc.	10	.01
Inspections of pleasure fairs and circuses	51	.03
Visits re sampling of water (not by water sampling officer)	109	.06
Visits re taking of rag flock samples... ..	15	.01
Inspections of offensive trade premises	28	.02
Inspections of factory premises	2,611	1.40
Inspections of surface air-raid shelters	27	.02
Inspections of common lodging houses	68	.04
Inspections of premises re Town and Country Planning applications	1,687	.91
Inspections of public houses	69	.04
Visits by students under instruction by qualified inspectors	20,704	11.15
Joint visits made by qualified inspectors	1,673	.90
Other successful visits	16,899	9.08
Unsuccessful visits	23,434	12.60
Visits re lectures and demonstrations to visitors	150	.10
Visits to offices and shops	2,544	1.37
Visits to agricultural units	19	.01
	<u>186,047</u>	<u>100.00</u>

Total visits made by inspectors, including those engaged on certain special duties:—

		<i>% of Total</i>
Visits by public health inspectors and technical assistants on district	186,047	81·5
Visits by Shops Act inspectors		
Under Shops Act, 1950	19,429	
Under Offices, Shops and Railway Premises Act, 1963	7,022	
	<hr/> 26,451	11·6
Visits by rodent control inspectors	15,638	6·9
	<hr/> 228,136	<hr/> 100·0

Infectious Diseases

A total of 5,539 visits was made by public health inspectors in connection with enquiries into cases of food poisoning and certain infectious diseases.

These visits included those made to obtain specimens for bacteriological examination to assist the Medical Officer of Health in his investigations.

It was not necessary during the year to enlist the assistance of the district inspectorial staff in delivering supplies of vaccine to general practitioners, for use against poliomyelitis throughout the City. As mentioned in last year's report, the vaccine now in use enjoys a better lease of life at room temperature. It is now a practicable proposition to send it to general practitioners through the post and this arrangement has released inspectors for other important duties.

Inspectors also made visits additional to these referred to above, to the homes of long stay immigrants, bringing the total number of visits for the year up to 7,023. This extra work arises from a scheme which commenced in January, 1965, at the request of the Ministry of Health. The Medical Officer of Health is notified of the impending arrival in his area of long-stay immigrants who have entered the country, and officers of the local authority visit the address given by the immigrant when he passed through a port of entry. In Birmingham public health inspectors visit these addresses within a few days of notification of the immigrant's arrival to advise him as the the medical facilities available to him. He is advised to register with a general practitioner and, if over fourteen years of age to have a chest X-ray to show if there is any indication of tuberculosis. He is handed a printed form to present at the Chest Radiology Centre, 161 Corporation Street, when he attends for an X-ray which he may do without the need to make an appointment. In addition, immigrants of Asiatic origin are advised to attend at the Public Health Department clinic to be skin-tested.

This scheme has resulted in a good deal of additional work for the department both administratively and by inspectors, making many visits to trace immigrants, but this effort is considered well worth while if it helps to reduce the incidence of Tuberculosis amongst immigrants. Operating the scheme is not without its problems and many immigrants cannot be traced, even after exhaustive enquiries. In some instances the Birmingham address given by the immigrant at the port of entry does not exist, in others it exists but the occupants claim they have never heard of the immigrant. In many cases the immigrant has stayed at the house for only one or two nights and before the inspector can visit he has moved on to some unknown address or even to another town. Not the least of the problems is that of language and, as many immigrants fail to understand English, advice has to be given with the aid of some other person in the house, often a school child, who interprets for the inspector.

At the end of each quarter a statistical return is submitted to the Ministry of Health indicating the number of advice notes received, the number of successful visits made and the number of immigrants notified as suffering from tuberculosis. During the year, advice notes were received in respect of 1,741 long-stay immigrants and of this number 1,426 had been successfully visited by the end of the year.

House to House Inspection

Part II of the Housing Act, 1957, contains provisions for securing the repair, maintenance and sanitary condition of houses, and Section 4 defines the standard of fitness to be observed in determining whether a house is unfit for human habitation. Where an unfit house is capable of repair at reasonable expense, then the local authority shall serve upon the owner a notice under Section 9 of the Act, requiring him to carry out the necessary works.

Reference has been made in earlier reports to the problems arising from a seriously depleted technical staff together with increasing pressure resulting from the introduction of additional legislation in recent years. Additional duties which have been placed upon the public health inspectors apply particularly to the inspection of houses in multiple occupation, those houses where owners are desirous of improving them with a grant, and the inspection of offices, shops and other premises as required by the Offices, shops and Railway Premises Act, 1963.

It has not been possible, therefore, during the year under review for the inspectorate to be employed in further house to house inspection. Nevertheless visits were continued to properties where works were in progress as a result of earlier notices. These inspections revealed that works were satisfactorily completed in respect of a further 51 houses.

Houses in Multiple Occupation

Inspection and supervision of houses in multiple occupation has continued and at the end of the year a total of 4,810 houses were known to be intensively in multiple occupation. During the year a further 1,084 of these houses were inspected in detail bringing the total inspected to 3,835. Of this number it was considered that in 1,628 cases no action was necessary. The number in which action to improve conditions was called for has now been brought up to 2,207. Since the coming into operation of the Housing Act, 1961 until the end of 1965 the totals for various actions taken to deal with the problem were as follows:—

Directions given to limit occupants	...	...	...	...	1,679
Management orders made applying Management regulations	...				944
Notices served requiring provision of facilities under Section 15 of the Housing Act, 1961	...	...	...	...	1,349
Control orders made and houses taken over in order to protect occupants under Section 73 of the Housing Act, 1964	...				4
Legal proceedings in respect of failure to maintain proper standard of management to abate nuisances and overcrowding to provide information and rent books, and offences against direction limits	...	...	...	...	1,793

Penalties imposed:

Fines	...	...	...	...	...	£13,247
Imprisonment	...	...	...	...	...	1 case—2 months

Work carried out by Department at default or request to comply with notices served under the Public Health and Housing Acts.

Jobs completed	...	...	...	...	949
Cost of works	...	...	...	...	£72,737

The above actions have involved much complicated procedure and the written work which has had to be undertaken by inspectors and their assistants in carrying out a full inspection of houses has been considerable. Detailed reports on the condition and occupation of the houses are necessary and any change must be accurately recorded as a high proportion of cases may, and do, result in Court proceedings. Ownerships are often difficult to trace and forms of notice requiring information under Section 170 of the Housing Act, 1957 are frequently returned by the Post Office marked “not known”, “gone away”, “not called for” or “unable to deliver”. Every notice required by the legislation gives an opportunity for obstruction and procrastination and from experience gained in the making of management orders and the giving of “direction” limits it is considered that the procedure is unnecessarily complicated by the legal requirement to give notice of intention. This double step involves additional postage and visits by inspectors and additional clerical work in the preparation of

reports to Committee. In practice, it is found that action is very seldom taken to improve conditions and virtually no representations concerning the intention notice are received. In view of the fact that provision for appeal to the Court is made in the Act there seems to be no need for a notice of intention to make a management order or a "direction" limit and if this were done away with it would result in expedited procedure and economy in time of elected members, clerical and inspectorial staff.

During the year a further 70 premises were referred to the City Engineer, Surveyor and Planning Officer for consideration under the Town and Country Planning Act, 1962 bringing the total, so far referred, to 301 premises in respect of which the following action has been taken:-

Number of premises in respect of which enforcement action to discontinue use was authorised	...	...	...	...	...	142
Number of premises where the use in multiple occupation has ceased	...	...	...	...	...	80
Number of premises in respect of which no planning action was taken (use established or no change of use)	...	...	...	...	...	114

In 22 cases the user appealed to the Minister against the enforcement action to discontinue, but five were withdrawn. Of the 12 heard so far, seven appeals were dismissed, one was allowed and the decision on four is awaited.

Partly as a measure to assist this planning action and to control the conditions of multiple occupation the Birmingham Corporation Act, 1965 was passed in August and the City of Birmingham (Registration of Houses in Multiple Occupation) Scheme, 1965 was approved by the Minister and came into operation on 1st January 1966. Under this scheme the registration powers under Section 22 of the Housing Act, 1961 are extended to require the prior approval of the City Council before the dwellinghouse intended to be let in multiple occupation is so let - powers are included for refusal and the imposition of conditions.

The special powers in Section 73 of the Housing Act, 1964 were used during the year to make control orders in order to protect the safety, welfare or health of persons living in houses in multiple occupation. In four cases, appalling conditions of disrepair, squalor and lack of management were found and no material or lasting improvement could be achieved despite the service of notices and approaches to the persons in control. In all four cases non-payment of bills had resulted in either the cutting off or interruption of gas or electricity supplies. Control orders were, therefore, made and houses placed under the care of the Housing Management Department who then prepared schemes of management. There were no appeals against the control orders, but in one case protests were received from the mortgagees who feared for their money, but as they failed to demonstrate that they could exercise good management an order was proceeded with.

During the year a total of 15,635 visits was made to houses in multiple occupation by inspectors and their assistants and the improvement in living conditions of people dwelling in the houses, especially in the concentrated areas, was steadily maintained. The work of persuasion and enforcement has at times been frustrating and seemingly endless, but looking back over the past four years the improvement noted has made it worthwhile. Opportunity has been and will continue to be taken to raise standards, not only of facilities and amenities, but to reduce over-occupation further, until the time is reached when the housing position will have eased and multiple occupation can be considered in isolation.

Arising from inspections carried out the following details are given of the action taken during 1965:—

	<i>Number of Premises</i>
Notice under Section 170 Housing Act, 1957 to ascertain details of ownership	756
Notice of intention to make a management order	129
Management order made	119
Notice of intention to give a direction to limit occupants ...	328
Directions given	280
Notice under Section 15 Housing Act, 1961 to require facilities ...	173
Notice under Section 90 Housing Act, 1957 to abate overcrowding	23
Notice under Section 14 Housing Act, 1961 to make good neglect of proper standards of management	174
Notice under Section 19(9) Housing Act, 1961 requiring information re occupancies	460
Direction varied to permit an increased number of occupants ...	112
Control order made and premises taken over	4

Certificates of Disrepair

A tenant of a house which is subject to control under the Rent Act, 1957, may apply for a certificate of disrepair if the landlord has either failed to carry out repairs which the tenant considers necessary or has declined to give an undertaking in accordance with the Act. Only 86 applications for certificates were received during the year but many calls were made on the Department for advice or help in the procedure to be followed to secure either the abatement or disrepair of a reduction in rent. In those cases where an inspection revealed the existence of a nuisance arising from disrepair action was also taken under Section 93 of the Public Health Act, 1936.

The following figures indicate the action taken in 1965:—

Part I—Applications for Certificates of Disrepair

1. Number of applications for certificates	86
2. Number of decisions not to issue certificates	7

3.	Number of decisions to issue certificates	...	...	...	77
	(a) in respect of some but not all defects	...	...	...	42
	(b) in respect of all defects	...	...	...	35
4.	Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	...	48
5.	Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	...	...	...	—
6.	Number of certificates issued	...	...	...	20

Part II—Applications for Cancellation of Certificates

7.	Applications by landlords to Local Authority for cancellation of certificates	...	...	...	...	10
8.	Objections by tenants to cancellation	...	...	...	...	—
9.	Decisions by Local Authority to cancel in spite of tenant's objections	...	...	...	...	—
10.	Certificates cancelled by Local Authority	...	...	...	...	7
	Number of visits made under the Act	...	...	...	...	410
	Number of re-visits made under the Act	...	...	...	...	351
	Total number of visits	...	...	...	...	<u>761</u>

Rent Restriction Acts

The Chief Public Health Inspector is Registrar for the purposes of the Furnished Houses (Rent Control) Act, 1946.

During the year 395 notifications were received from the Rent Tribunal, resulting in 191 entries being made in the Register maintained under the Act. There were 34 certified copies of entries in the Register issued on payment of one shilling in each case.

The Rent Act, 1965 came into force on the 8th December, 1965. Under this Act the Minister of Housing and Local Government is given power to set up Rent Committees, and Rent Officers were appointed.

Housing Improvement and Improvement Grants

HOUSING (FINANCIAL PROVISIONS) ACT, 1958

HOUSE PURCHASE AND HOUSING ACT, 1959

HOUSING ACT, 1964

It is good to report a further increase in the number of applications for grants, and in 1965 a total of 1,929 was approved compared with a total of 1,793 in 1964. Again the number of landlord applications increased and the proportion of such is now approximately half of the total received. In fact, during the year, the number of grants actually approved in respect of landlord applications exceeded, for the first time, those approved to owner-occupiers. Landlords were most probably stimulated by the compulsory improvement powers contained in the Housing Act 1964, but it is still heartening to report that 843 out of a total of 948 applications from landlords were as a result of voluntary application.

It is remarkable, however, how many tenants are unwilling to accept or apply for improvements. This is illustrated in the Improvement Areas dealt with under the new compulsory improvement powers where three tenants out of every 10 have refused to accept the improvement. The age of the tenants has some bearing on this refusal and also their economic position, but in some cases the only reason offered is that “they couldn’t be bothered”. Despite this attitude quite a number of tenants have exercised their right under the Housing Act 1964, and have written to the Corporation during the year asking them to use their powers to secure the provision of bathrooms by their landlords and the following statistics show this:

Compulsory Improvements – Tenants’ Representations

Representations received (from August 1964)	...	...	...	211
Rejected (property has insufficient life)	...	...	...	7
Preliminary notices served	...	...	...	98
Satisfactory undertaking received	...	...	...	37
Immediate improvement notices served	...	...	...	57
Properties for which improvement grant applications have been received	...	...	...	59
Improvement works completed	...	...	...	3

Compulsory Improvements – By Improvement Area Action

The coming into operation on 18th February, 1965, of the Housing (Prescribed Forms) (Amendment) Regulations, 1965, enabled the Housing

Section of the Department to make a start on the systematic improvement of the 50–60,000 houses in the City which lack modern amenities and which, provided they are not allowed to deteriorate further, have a reasonable life. The purpose of the Housing Act 1964 was to secure the improvement of the tenanted houses within ten years and must be regarded as part of the process of urban renewal — just as essential to our citizens, but not so spectacular, as the rebuilding of the City Centre.

Before a house can be included in an Improvement Area and provided with modern amenities it has to be fit for human habitation. It has, therefore, been found necessary to divide the improvable houses into two streams, those which are already fit and those which have to be brought to a fit standard by the service and enforcement of notices under Section 9 of the Housing Act, 1957.

The first improvement Areas were declared in 1965 and consisted of houses which were already fit; it will take some time before those areas of the City containing unfit properties can be brought up to a standard where inclusion of the houses in an Area is possible. Lack of suitably qualified inspectors is seriously retarding the work.

To gain experience with various types of property the first Improvement Areas were located in Erdington, Small Heath, Handsworth and Stirchley. The houses were built around the turn of the century and in all cases had been well maintained by the owners. None of the houses when constructed was provided with a bathroom or an internal water closet but the table below shows that by declaring the Areas to be Improvement Areas, we are, in fact, following the existing trend towards voluntary improvement.

IMPROVEMENT AREAS DECLARED DURING 1965

<i>Title of Area</i>	<i>Total Houses</i>	<i>Tenanted</i>	<i>Owner Occupied</i>	<i>Houses Lacking Amenities</i>	
				<i>Tenanted</i>	<i>Owner Occupied</i>
Abbey Road, Erdington No. 1	291	136	155	93	25
Floyer Road No. 2	162	17	145	15	65
Floyer Road No. 3	151	27	124	15	12
Floyer Road No. 4	131	45	86	36	17
Floyer Road No. 5	147	50	97	43	4
Hutton Road, Handsworth No. 6	78	51	27	49	5
Bond Street, Stirchley No. 7	240	60	180	38	32
	1,200	386	814	289	160

The procedure laid down in the Housing Act, 1964 is unfortunately slow and cumbersome and in need of early revision.

Very briefly, once the Improvement Area has been selected, the procedure is as follows:—

1. Declaration of the Area and its definition on a plan.
2. Newspaper advertisement of the Declaration.
3. Service of Notices under Section 170 of the Housing Act, 1957, to ascertain all ownerships.
4. Service of a Preliminary Notice on the landlord specifying the improvement works required, and the date, time and place at which the Council's proposals can be discussed.
(A copy of the Preliminary Notice must be sent to the tenant and each known interest, all of whom will be entitled to be heard).
5. Meeting of Committee at which tenants and owners may make representations concerning the notices.
6. Obtaining written consent of tenants to carrying out of works.
7. Service of Immediate Improvement Notice, again on all interested persons.

Even after the improvement Notice has become operative the owner has 12 months in which to carry out the improvements. If he fails to do this, default action can then be initiated by the Department.

Where the tenant does not give his written consent a Suspended Improvement Notice is served and, unless he changes his mind or there is a change in occupation, action is deferred for five years.

NOTICES SERVED DURING 1965

Section 170, Housing Act, 1957 (ownerships)	...	...	...	128
Preliminary Notices	...	...	...	212
Immediate Improvement Notices	...	...	...	99
Suspended Improvement Notices	...	...	...	78
Final Improvement Notices	...	...	...	3

In addition, during the year 34 letters were sent to owner-occupiers with a view to encouraging them to take advantage of the Improvement Grant scheme.

Environmental Improvement

In Circular 53/64 the Minister of Housing and Local Government emphasised that an Improvement Area was something more than a means of providing amenities in individual houses and should be regarded as part of a process of urban renewal. Experience will show what regard can be paid to this view in Birmingham, but the Improvement Areas so far declared all lie within localities at present scheduled by the City Engineer, Surveyor and Planning Officer for 'long term' improvement. The Circular also suggested the inclusion of unfit houses in an Improvement Area if their demolition would provide a site for playing spaces, parking facilities, etc.

Meetings with officers of other departments and of the Ministry will shortly take place to discuss how this important aspect of area improvement may best be tackled.

Applications for Improvement Grants During 1965

DISCRETIONARY GRANTS

	<i>Formal applications received during the year</i>	<i>Applications approved during the year</i>			
	<i>Number of dwellings</i>	<i>Number of dwellings</i>	<i>Amount of grant which the Council have decided to pay</i>		
(a) Conversions	35	48	£ 16,947	s. 10	d. 0
(b) Improvements by Landlords	41	42	11,212	7	6
Owner-occupiers	13	14	3,704	10	0

STANDARD GRANTS

	<i>Applications</i>		<i>Grants Paid</i>						
	<i>Received</i>	<i>Approved</i>	<i>(No. of dwellings)</i>	<i>Total Amount</i> £ s. d.	<i>Number of amenities provided</i>				
	<i>(No. of dwellings)</i>	<i>(No. of dwellings)</i>			<i>Fixed bath or shower</i>	<i>Wash basins</i>	<i>Hot water supplies</i>	<i>Water closet</i>	<i>Food storage facilities</i>
Landlords	862	907	713	79,530 1 11	} 1,347	1,396	1,400	1,319	961
Owner-occupiers	913	918	806	92,789 12 8					

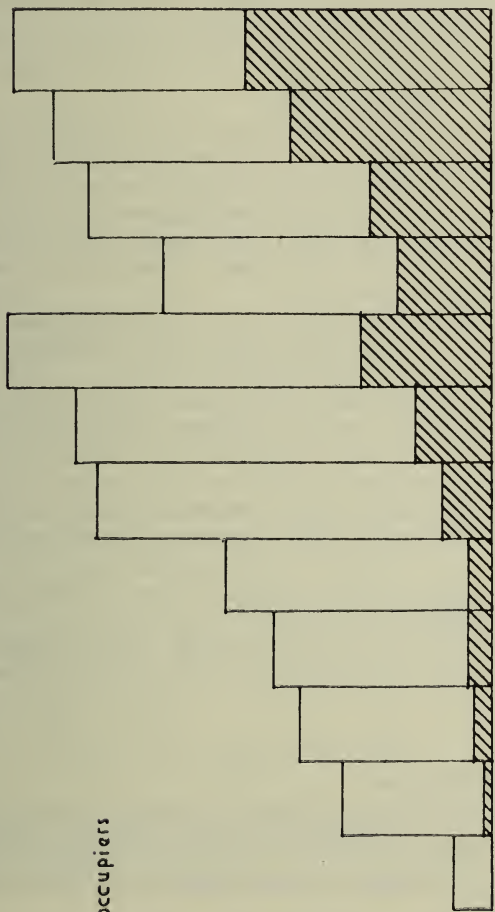
Three applications for discretionary grants and 36 applications for standard grants were rejected.

During the year Public Health Inspectors and Housing Inspectors made 15,473 visits to houses in connection with Improvement Grants compared with 12,275 in 1964. A further 3,550 visits were made by Housing Inspectors in connection with Improvement Area action. Since the first improvement grant was paid in the City in 1952, £1,364,614 14s. 9d. has been paid out in 13,012 grants made up as follows:—

Landlords	...	...	2,923	£381,727 19 4
Owner-occupiers	...	...	10,089	£982,886 15 5
			<u>13,012</u>	<u>£1,364,614 14 9</u>

HOUSING IMPROVEMENT GRANTS APPLICATIONS APPROVED

KEY
 Unshaded = owner-occupiers
 Shaded = Landlords



OWNER OCCUPIERS

LANDLORDS

YEARS

Approximately four-fifths of this total (£1,119,811 7s. 4d.) has been paid since the introduction of the standard grant scheme in 1959.

Since the improvement schemes were operated 15,459 applications have been approved, made up as follows:—

Owner-occupiers	...	...	...	...	11,520
Landlords	...	...	...	...	3,939
					<hr/> 15,459 <hr/>

Abatement of Nuisances

The investigation of complaints concerning conditions under which people live continues to form an important part of the work of the public health inspector. If a nuisance is found to exist an abatement notice is served under Section 93 of the Public Health Act, 1936, and in the majority of cases the work is carried out by the owner in a reasonable time, but, should the nuisance continue, the Act gives power to the local authority to apply to the magistrates for a Nuisance Order, and in extreme cases the Department carries out the work at the default of the owner. Much use is made of the powers contained in Section 26 of the Public Health Act, 1961, which enables the local authority to do work at default in a reduced period of time.

During the year a total of 5,525 statutory notices was served, 3,136 of these being under Section 93 of the Public Health Act, 1936. The average time taken for compliance was 2 months and 27 days, compared with 2 months and 19 days for 1964.

The total of 5,525 statutory notices was made up as follows:—

Nuisances under Section 93 of the Public Health Act, 1936— dealing mainly with roofs, spoutings, fallen plaster, defective floorboards, broken sashcords and window frames	3,136
Stopped up drains, soil pipes, water closets and private sewers, dealt with under the Birmingham Corporation Act, 1946, as amended by the 1954 Act	904
Urgent nuisances, badly leaking roofs, broken water closet pedestals, etc., dealt with under Section 26 of the Public Health Act, 1961	596
Provision or improvement of piped water supply—Section 138, Public Health Act, 1936, as amended by Section 30, Water Act, 1945	124
Yard paving and drainage—Section 56, Public Health Act, 1936	298
Unsatisfactory drainage—Section 39, Public Health Act, 1936 ...	441
Filthy or verminous premises—Section 83, Public Health Act, 1936	10
Removal of noxious matter, Section 79, Public Health Act, 1936	9
Byelaw infringements – nuisances	1
Replacement of closets—Section 47, Public Health Act, 1936 ...	2
Additional water closets—Section 44, Public Health Act, 1936 ...	4
	<hr/>
	5,525

Enforcement Section

This Section is responsible for arranging execution of all works necessary to comply with statutory notices served under the Public Health Act, 1936, and associated acts and byelaws, and under the Housing Acts, 1957 to 1964.

- (a) To comply with nuisance orders, at default,
- (b) At the request or default of owners or occupiers.

The institution of all legal proceedings undertaken by this Section of the Department in liaison with the Town Clerk's Department is a most

important function, which requires the careful collation of information of every description and accurate preparation of evidence necessary for prosecutions to be successfully conducted. The Enforcement Officer is present each week at the proceedings at Victoria Law Courts to advise and assist the Corporation's prosecuting solicitor. This is now an exacting necessity and each case has to be scrutinised with meticulous care, as a large proportion of the defendants appear or are legally represented at Court and keenly contest each individual case. The number of cases that are dismissed and lost by the Department are very few indeed, and the many successful cases taken reflect great credit on the Corporation officials concerned.

Legal proceedings were instituted during the year in 798 instances. Figures for recent years were:—

	<i>Summonses served</i>						
1961	284
1962	279
1963	552
1964	864
1965	798

The magistrates made nuisance orders in 65 cases.

<i>Summonses taken out during 1965</i>							<i>Fines</i>		
							£	s	d.
General nuisances	...	...	...	...	...	215	—		
Disobeying Magistrates' Orders	...	...	...	...	...	5	42	0	0
Contravention of Section 83, Public Health Act, 1936,...						1	10	0	0
Contravention of Section 288, Public Health Act, 1936.						1	—		
Contravention of Section 42, Offences against the Person Act, 1861 — assault on an inspector	...	...				1	5	0	0
Contravention of Sections 4 and 9, Furnished Houses (Rent Control) Act, 1946.	...	...	...	...	...	7	75	0	0
Contravention of Section 90, Housing Act, 1957	...					1	5	0	0
Contravention of Section 170, Housing Act, 1957	...					46	108	0	0
Contravention of Housing (Management of Houses in Multiple Occupation) Regulations 1962.	...	...				227	941	10	0
Contravention of Section 19 (2) Housing Act, 1961.	...					107	2,165	0	0
Contravention of Section 19 (9) Housing Act, 1961.	...					45	119	0	0
Contravention of Section 65 (1) Housing Act, 1964:—									
Section 14	9 cases	£140	}						
Section 15	8 cases	£78		...	...	17	218	0	0
Contravention of Sections 1 and 4 Landlord and Tenant Act, 1962	...	...	...	...	...	28	280	0	0
Contravention of Section 7, Factories Act, 1961.	...					5	35	0	0
Contravention of Sections 49 (2) and 49 (3) Offices, Shops and Railway Premises Act 1963.	...	...	...			8	52	0	0
Contravention of Food Hygiene (General) Regulations, 1960.	...	...	...	...	...	83	618	0	0
Contraventions of City of Birmingham Food Handling Byelaws (Section 15, Food and Drugs Act, 1938)	...					1	10	0	0
						798	£4,683	10	0
Penalties on Orders	(4)	...	...	...	...		17	0	0
							£4,700	10	0

In December, an inspector of the Department, whilst investigating a complaint at a house in the Small Heath area of the City, was, to his great surprise, ordered to leave the premises and on leaving, without provocation, was suddenly attacked and was struck a violent blow and knocked to the ground. So sudden and unexpected was this attack that the inspector had no chance of avoiding it or of defending himself. The subsequent conduct, self-control and restraint shown by the inspector concerned, who could have justifiably retaliated, reflects great credit on his integrity as an official of the Corporation. A most serious view was taken of this matter, and immediate authority for legal proceedings to be instituted was given. The person responsible was brought before the City Justices and charged with assault and obstructing an inspector in the carrying out of his official duties. The defendant was found guilty of both offences and the maximum penalty for assault was imposed.

During the year enforcement of the provisions of the Offices, Shops and Railway Premises Act, 1963, has been commenced, and although only eight prosecutions have been taken and fines of £52 imposed, active enforcement of the requirements of this Act is well under way.

Some difficulty has again been experienced in conducting successful prosecutions under the Landlord and Tenant Act, 1962, which requires that a rent book or other similar document is to be provided for tenants of premises let on a weekly basis. Despite the protection afforded by the Protection from Eviction Act, 1964 and later by the Rent Act, 1965, tenants are still reluctant to attend the Magistrates' Courts to give evidence to enable the Corporation's cases to be proved conclusively, for fear of eviction or intimidation by the landlords concerned. An Investigation Officer has been appointed to the Town Clerk's Department to assist tenants threatened with eviction. This officer has rendered invaluable assistance when approached by tenants and firm action is taken against the landlords concerned, but this reluctance of tenants to attend Court still continues, and the apprehension of those who do attend Court is very evident.

Repairs to property during the year have covered all aspects of general building work and have varied from minor items of property repair to extensive works to houses let in multiple occupation — both under the Public Health Act, 1936, and the Housing Act, 1961 — for the reconditioning of many of these houses to prevent them becoming slums of the worst type. In addition to the tremendous amount of work undertaken on houses in multiple occupation, the other services given to owners and occupiers have been fully maintained.

Where these extensive works have been carried out at houses let in multiple occupation, often at a cost of many hundreds of pounds, it has been found, sometimes with dismay, that the efforts of the Department to provide better living conditions for the occupants have proved fruitless.

Rapid deterioration soon takes place due to careless use of sinks, wash hand basins, baths, water closets and other equipment together with wilful damage, and water overflowing from various fittings often means that the property reverts to the conditions found before action was taken — sometimes far worse. Building contractors carrying out works in these houses have contacted the Department on completion of their work and before leaving the property have requested that an inspection be made to pass work as satisfactory, as they are only too well aware of the damage that will occur when the property has been vacated by them.

The total cost of works carried out during the year was £27,909 6. 8d. These works required the preparation of 414 specifications, respecting 591 properties. Of these, 236 specifications were for the execution of building repairs to abate nuisances at 253 houses at a cost of £16,456 0. 10d.

Repairs and improvements were carried out at:—

- (a) 238 houses at the request of the owners at a cost of £16,140 4. 0. (238 specifications), and
- (b) 269 houses at the default of the owners at a cost of £11,769 2. 8. (176 specifications).

In 34 cases essential works were carried out to comply with nuisance orders made by the City Justices at Victoria Law Courts. The cost of this work totalled £1,758 16. 6. and the number of houses affected was 34.

Works to houses in multiple occupation under Sections 14 and 15 of the Housing Act, 1961, have been carried out at 70 properties in accordance with 70 specifications — at a total cost of £8,063 17. 4.

The following analysis indicates the work undertaken by this Section during 1964:—

	<i>Jobs</i>	<i>Houses</i>	<i>Cost</i>		
			<i>£</i>	<i>s.</i>	<i>d.</i>
<i>Section 93 Public Health Act, 1936</i>					
<i>General Nuisances — repairs to defective houses.</i>					
At default of owners — for non-compliance with Nuisance Orders ...	34	34	1,758	16	6
By agreement	202	219	14,697	4	4
<i>Section 56 Public Health Act, 1936.</i>					
<i>Paving of courts, yards and passages.</i>					
At default of owners	13	55	464	19	9
By agreement	8	47	250	13	6
<i>Section 39 Public Health Act, 1936.</i>					
<i>Provision of satisfactory drainage.</i>					
At default of owners	36	67	511	16	1
By agreement	15	30	201	5	0

Section 138 Public Health Act, 1936.

*(as amended by Section 30 Water Act, 1945
and Section 78 Public Health Act, 1961).*

*Houses already having internal water supply
but where supply was insufficient – improve-
ment effected.*

At default of owners	4	23	415	1	0
By agreement	4	17	206	9	9

Section 9 Housing Act, 1957.

*Repair of unfit houses capable of being
rendered fit at reasonable cost.*

At default	4	4	331	4	4
By agreement	4	4	716	5	0

Section 26 Public Health Act, 1961

Repairs to houses to abate urgent nuisances

At default	1	2	21	12	0
By agreement	2	2	24	10	0

Section 83 Public Health Act, 1936.

Cleansing of filthy or verminous premises.

At default	1	1	77	17	3
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Section 79 Public Health Act, 1936.

Removal of noxious matter from premises.

At default	13	13	123	18	4
By agreement	2	2	10	15	4

Section 14 Housing Act, 1961.

*Works required to make good neglect of proper
standards of management of houses in
multiple occupation.*

At default	25	25	2,187	2	2
-------------------	----	----	-------	---	---

Section 15 Housing Act, 1961.

*Works carried out at houses in multiple
occupation in providing essential facilities
and amenities for the occupants.*

At default	45	45	5,876	15	2
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Section 47 Public Health Act, 1936

Replacement of water closets.

By agreement	1	1	33	1	1
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The amount of work undertaken is no doubt very commendable, considering the continuing staff shortages and difficulty in arranging execution with building contractors.

The demand for labour in the building industry is again far in excess of the number of men engaged and a great shortage of skilled tradesmen exists. Very high wages are being paid to carpenters, bricklayers and plasterers and, in view of the vast amount of new building work being undertaken, tradesmen are able to choose their places and conditions of work. The higher wages and better working conditions in industry have also made great inroads into the building labour force.

Some tradesmen are again refusing to work in houses let in multiple occupation because of the habits of the occupants of these dwellings, the smells and the nauseating odours from their cooking. Despite these difficulties, the goodwill of the Department with the building contractors concerned in the execution of works required by the various acts, has resulted in prompt and efficient action being taken.

Urgent Nuisances

The powers contained in Section 59 of the Birmingham Corporation Act, 1946, continue to be used to require the clearing of obstructed drains, waste pipes and water closets. The powers are similar to those in Section 22 of the Public Health Act, 1961, but the work can be carried out a default of an owner after 24 hours' notice compared with 48 hours required by the 1961 Act.

Action was taken as follows:—

Birmingham Corporation Act, 1946—Section 59

(Defective drains requiring urgent attention)									
Total number of notices served during 1965 (involving 787 jobs)								904	
Work carried out by owners in specified time								415	
Orders given by this Department in default of owners' compliance								337	
Orders given by this Department at request of owners ...								35	
Total cost of work given to the Department's contractors								£1,941	6 1
Average cost per job								£5	4 4
The maximum charge in respect of any one job was ...								£66	11 3
and the minimum was								10	6

During the year notices were served in respect of obstructions in 16 private sewers affecting 85 houses.

For many years action to remedy urgent nuisances has been taken under Section 32 of the Birmingham Corporation Act, 1948. Almost identical power is now given in the Public Health Act, 1961, and from the 17th July, 1964, notices were served under Section 26 of the national Act.

Public Health Act, 1961—Section 26

(Defective houses requiring urgent attention)

Total number of notices served during 1965 (involving 492 jobs)	596
Work carried out by owners in specified time	229
Orders given by this Department in default of owners' compliance	238
Orders given by this Department at request of owners ...	25
The cost of the work given to the Department's contractors totalled	£4,137 12 4
Average cost per job	£15 17 1
The maximum charge in respect of any one job was ...	£237 6 3
and the minimum was	11 2

Redevelopment Areas and Clearance Areas

The Corporation, through the Housing Management Committee, is responsible for the management of 145,000 houses. Tenants of houses built by the Corporation will normally make complaint to the Housing Manager in respect of the need for necessary repairs but tenants of houses which have been taken over in slum clearance schemes are inclined to continue to complain to the Health Department. In order to avoid duplication of visiting, complainants are advised, in the first place, to refer their complaint to the Housing Management Department but in some cases, if the tenant is not then satisfied he returns to the Health Department to enlist the aid of the public health inspector. In appropriate cases a visit of inspection is made and matters in need of action are referred to the Housing Manager for his early attention. Close co-operation between the two departments was maintained throughout the year.

During the year 1,516 complaints were received concerning property in Corporation management and of this number 505 were investigated by this Department. Altogether 1,488 letters were sent to the Housing Manager during the year, drawing his attention to defects at houses under his management. Appropriate action was taken to follow-up these letters in the interests of the tenants.

Burial of the Dead and Exhumations

During the year five licences were issued by the Secretary of State, Home Office, for the removal of human remains from graves in the City for re-interment elsewhere. Copies of these licences, when issued, are sent from the Home Office to the Medical Officer of Health for the area and in each case a public health inspector attended the exhumation to ensure that it was effected with due care and decency and without risk to public health.

Common Lodging Houses

Every local authority is required to maintain a register of all established common lodging houses within their district in accordance with the provisions of Section 237 of the Public Health Act, 1936. This register

contains entries giving the full names and addresses of all persons registered with the Department as “keepers” and “deputy keepers”. In addition, information is recorded as to the location of every such lodging house, including the maximum number of persons which each may accommodate.

In January the smallest establishment on the register, providing maximum accommodation for 10 males only, became void pending demolition. This slight loss reduced the number of common lodging houses registered for the year to five and providing total accommodation for 521 men only.

Conditions at these houses are controlled by byelaws and routine visits are carried out by public health inspectors, both by day and night, to ensure that no infringements of the above Act or byelaws occur.

During the year, the following visits were made, viz:—

Day visits ...	...	...	...	...	...	...	...	...	29
Night visits	...	...	...	...	...	...	...	...	38
Special visits	...	...	...	...	...	...	...	...	1
Total...									<hr/> 68 <hr/>

The above inspections revealed that there still remains a positive demand for this type of accommodation within the City. In most cases the hostels were always fully occupied, whilst in others approximately 90 per cent. of the beds available were taken up at the time of visit.

Tents, Vans and Sheds

Since the introduction of the Caravan Sites and Control of Development Act, 1960, which is delegated to the Public Works Committee for enforcement, the existing number of caravan sites within the City is relatively small. This Act repeals Section 269 of the Public Health Act, 1936, in so far as it relates to caravans. Whilst it controls the use of land which is to be regulated by both planning permission and by the licensing of sites for caravans, it does not make it an offence for a caravan owner-occupier to station his van upon land without permission.

When such an instance occurs it is immediately reported to the City Engineer, Surveyor and Planning Officer for action under the local powers contained in Section 43 of the Birmingham Corporation Act, 1935. This section provides that, with certain reservations, no land shall be used for occupation by caravans without prior approval of the Corporation.

It was only necessary for 15 visits to be made by public health inspectors to caravan sites during the year, and no conditions constituting a serious threat to public health were observed.

Agriculture (Safety, Health and Welfare Provisions) Act, 1956

The local authority has a duty to secure the provision of satisfactory sanitary conveniences in agricultural units and 65 such premises in the City are known to the Department. They include smallholdings, small farms, market gardens and nurseries where produce is grown for sale. Routine visits continue and 19 inspections were made during the year. No statutory action was called for.

Offensive Trades

At the end of the year there were 11 premises registered in the City from which offensive trades were carried out. With the exception of one premises dealing with the preparation of tripe there has been very little difficulty in securing conformity with the byelaws. In November the sole remaining plant for dealing with animal wastes from the market was dismantled. All organic waste, including condemned meat, is now sent for treatment at premises outside the City.

During the year 28 visits were paid to offensive trade premises.

Tips and Tipping

A few complaints were received in the Department concerning one established tip, but a total of 277 routine visits during the year confirmed that all tips were being operated satisfactorily.

The tip in respect of which complaints were received had been used for some years and was sited on what was originally undeveloped land. Over the years development had progressed until houses and industrial buildings were built on the actual perimeter of the tip itself. The tip was being used for the disposal of untreated domestic refuse and complaint was made that dust was being blown about and other nuisances caused. The matter was taken up with the General Manager of the Salvage Department and precautionary measures were instituted, but complaints still persisted and it was decided to cease operations for a while and then to tip only furnace residue and spoil. The tip should be filled in by the end of 1966 and the site will then eventually be put to a useful purpose.

Complaints were received fairly regularly of the depositing of rubbish and discarded articles on vacant sites and action was taken to deal with those likely to be prejudicial to health. The bulk of the complaints were referred to the Public Works Department for consideration of action under the Town and Country Planning Act, 1962, as conditions might be considered detrimental to the amenities of the neighbourhood.

Pleasure Fairs

During the year 51 visits were made by public health inspectors to pleasure fairs. In the City seven notifications of intention to hold fairs were submitted to the Department under the requirements of the City's Pleasure Fair Byelaws of 1953. No statutory action was called for.

Canal Boats

During the year 1965 the number of boats inspected within the City area was 121, as follows:-

<i>First Quarter</i>	<i>Second Quarter</i>	<i>Third Quarter</i>	<i>Fourth Quarter</i>
34	36	27	24

The 121 boats inspected were registered for the accommodation of 368 persons and when inspected were found to be carrying 74 men, 83 women and 27 children, a total of 184 persons.

All the boats were in good condition and conforming with the Public Health Act, 1936 and Regulations. No complaint notes were issued during the year and four were brought forward from 1964, leaving an outstanding balance of four. It has not been necessary to take any legal proceedings under the Public Health Act, 1936, and the Canal Boats (Amendment) Regulations, 1925.

No cases of infectious disease affecting canal boat personnel were reported during 1965.

Four new boats have been registered in Birmingham during the year, bringing the total number to 102, 60 being motor boats and 42 ordinary boats.

Prevention of Damage by Pests Act, 1949

In a city the size of Birmingham, in which so much redevelopment is taking place, the problem of controlling infestations of rats and mice is considerable. The work is undertaken by a Section which was set up to deal with changes brought about by The Prevention of Damage by Pests Act, 1949. The Senior Rodent Control Officer and his Deputy are qualified public health inspectors and are supported by another officer who has had wide experience in the work. Initial complaints are investigated by rodent inspectors who make the necessary enquiries and inspections to ensure that not only the address of the complainant is covered but also those of the neighbours. By this means it is often possible to eliminate for a longer period the risk of re-infestation of the premises. Where infestations are found the work of treatment is given out to rodent operatives who continue to treat the premises until they are cleared of investment.

The number of notifications of infestation received during the year was 8,821. This is a decrease compared with 1964 when 9,324 notifications were received. As in previous years the peak period was the month of May when 977 notifications were received. This seems to bear out the impression formed that the peak breeding season for rats is in the spring.

The aim of the Section is to rid premises of infestation and prevent re-infestation. This is sometimes achieved by giving appropriate advice to householders, in particular not to place food for birds in such a position

that rats can gain access to the food. Sometimes a householder is advised to raise a shed off the ground so that predators may discourage rats nesting.

In the building trade, too, advice is given to contractors to notify the Department before huts and temporary structures are demolished. This applies particularly to building sites where, unless rats are first eliminated, they will scatter and enter newly constructed premises. The Department is always willing to undertake treatments provided notice is given.

In other cases tests have to be carried out to drainage systems and other likely places of access so that structural repair or alterations can be carried out to rat-proof the premises.

Figures for inspections carried out are as follows:—

				<i>Domestic</i>	<i>Industrial</i>	<i>Total</i>
1963						
	Original visits	...	...	9,974	2,489	} 16,803
	Re-visits	...	...	2,805	1,535	
1964						
	Original visits	...	...	11,144	2,635	} 17,596
	Re-visits	...	...	2,687	1,130	
1965						
	Original visits	...	...	9,545	2,522	} 15,638
	Re-visits	...	...	2,326	1,245	

Today it is rare to find a heavy infestation except in certain premises, such as the Salvage Department refuse disposal plants.

The types of premises visited and treated following the confirmation of an infestation are set out below:—

					<i>Treatments for</i>		
				<i>Inspections</i>	<i>Re-inspections</i>	<i>Rats</i>	<i>Mice</i>
Domestic premises and vacant sites	...	...	...	9,545	2,326	4,979	993
Corporation Properties :							
Schools	...	...	...	167	109	105	96
Civic restaurants and bake-houses	...	...	...	1	2	2	4
Corporation tips	...	...		19	15	8	—
Allotments, parks, etc.	...			52	20	33	2
Welfare centres and nurseries				37	15	23	15
Destructors	...	...		—	330	5	—
Offices, stores, depots, etc.				86	23	58	30

Industrial :

Private schools	...	...	12	1	11	—
Private tips	...	...	—	—	—	—
Hospitals, nursing homes, etc.			61	37	30	19
Cafés, restaurants and hotels			60	73	59	19
Other food premises	...		547	282	294	136
Cinemas and theatres	...		1	—	—	—
Canal and railway banks			10	27	1	—
Non-food shops	...	...	228	116	84	30
Non-food factories, offices, etc.	...	...	780	179	597	189
Farms, piggeries, etc.	...		7	16	3	—
Other visits	...	...	454	—	—	—
Night visits	...	...	134	—	—	—
Smoke tests	...	...	158	—	—	—

These visits resulted in formal action in the following cases:—

Notices served for proofing	...	...	...	...	...	6
Notices served for treatment	...	...	...	...	...	Nil
Notices complied with...	...	...	...	...	...	6
Reminder letters sent	...	...	...	...	...	Nil

TREATMENTS

All purely domestic premises are treated for infestation free of charge but a charge is made in the case of industrial premises. Many firms have a standing arrangement with the Department for inspection and treatment at regular intervals. Over the years it has been possible to advise firms on the steps which should be taken and in many cases this has resulted in complete eradication of rats from their premises.

RAT PROOFING OF PREMISES

The incidence of rats within dwelling houses continues to be a matter of concern to the Section. Often rats gain access through faults in construction, especially due to bad workmanship in laying drains or the installation of services such as gas and electricity, new buildings being especially affected. In order to bring such matters to the notice of building contractors, architects and clerks of works, a number of talks were given during the year by the Senior Rodent Control Officer to professional bodies.

It seems that not enough attention is given to these matters during the course of construction of new buildings, neither are sufficient precautions taken to seal off disused drains following demolition of properties. Again and again the Department is asked to deal with infestations of rats in new estates, which on investigation, reveal that rats are leaving sewers via disused drains left in situ in the course of redevelopment.

Formal action was taken in only six cases under the Prevention of Damage by Pests Act, 1949, during the year to require steps to be taken to proof premises, but in over 364 cases premises or blocks of premises were rat-proofed by the owner following advice and help given by the officers of the Section.

SALVAGE DEPARTMENT DESTRUCTORS

Frequent visits are made by day and by night to the five depots which are responsible for dealing with the City's waste. In the older premises infestations continue to arise despite energetic action taken by the Department. It is pleasing to note that in the Lifford Works at Kings' Norton no treatment has been necessary inside the works but, nevertheless, treatments have been carried out in the grounds.

Rotton Park Street Works – These works have recently been reconstructed and the rat population is at a very low level.

Tyseley Works – Much work has been carried out during the year to reconstruct a portion of the premises and the opportunity was taken to carry out full scale treatments, which has resulted in a drastic reduction in the rat population. Permanent Warfarin points have since been maintained at various locations in the works throughout the remainder of the year, these being replenished as necessary.

Brookvale – The rat population at this works was very low indeed, and it was only essential to treat odd rooms in the works at intervals during the year. Some rat-proofing measures which were recommended were carried out immediately in various rooms.

Montague Street Works – This works was the subject of an intensive poison treatment, using $1\frac{1}{4}$ cwt. of zinc phosphide, over the whole of August Bank Holiday week-end. With the exception of the hoppers in the tipping shed the entire works was poisoned. Numerous dead rats were picked up in all parts of the works and there was a marked diminution in the rat population throughout the works. Night inspections since August show that the treatment was an outstanding success.

In general the foremen at the works are very rat conscious and are quick to report any undue activity they may have encountered during tours round the works. The Section is thus kept completely in touch with the situation in each of the depots. This, together with our own routine inspections, is a very great help in keeping down the population of rats in all the works to such a very low level.

SEWER TREATMENTS

The routine treatment of the sewers has been maintained throughout the year. The infestations, present at the manholes on the systems, seem to be at a very low level, and the outstanding difficulty with sewer treatments is that there is no known method of dealing with what has been termed “ the inter-manhole” rat population. This “inter-manhole” population “lives” in the sewer lengths, and seldom seems to “migrate” to the manholes provided to the sewers, and presents a problem to which a great deal of attention has been devoted, particularly where the sewers are not walkable. This is the case in many of the City sewers, and provides the situation where the manholes show no takes, indicating no rats using the manholes, and yet within yards of the manholes we have surface infestations in properties, the prime cause of which is defective drains from which the rats are emerging.

Since the establishment of the sewer baiting scheme in 1944 there have been vast changes for the better in the quantity of bait taken as the following short table will show:—

SEWER TREATMENTS						
		Quantity of Bait Taken				
	Complete	Good	Small	Totals	No "takes",	
Initial treatments 1944 ...	246	2,227	2,368	4,841	4,734	
Maintenance treatment, 1964.	—	209	207	416	6,463	

The Section enjoys very close co-operation with the Ministry of Agriculture, Fisheries and Food, Infestation Division.

At the 31st December, the staff totalled 28, as follows:—

Senior officers ...	...	...	3
Clerks ...	...	...	3
Inspectors ...	...	...	7
Foremen (surface and sewer) ...			2
Storeman/baitmixer ...	...	...	1
Operatives – surface	...	...	11
sewer	...	...	1
			—
			28
			—

The Rag Flock and Other Filling Materials Act, 1951

At the end of 1965, four premises were licensed under the above Act, all for the storage of rag flock. The number of registered premises remained at 54 during 1965.

Thirteen samples were taken in 1965, and of this number three were found to be unsatisfactory.

Rag flock ...	2	Jute ...	—	Coir fibre ...	—
Washed flock ...	—	Synthetic fibres ...	—	Algerian fibres ...	1
Cotton felt... ...	5	Hair... ...	1	Fibre (not classified)	—
Cotton millpuff ...	1	Feathers or down ...	1	Sisal pads ...	—
Woollen felt ...	2	Kapok ...	—	Woollen flock ...	—

One informal sample of cotton felt which was taken complied with the regulations but contained a quantity of threads which should not be included in cotton felt. The firm were informed of this and warned that if in future spun material was found in similar samples, then tests would be carried out under Section 15 of the Act, and the samples treated as rag flock, in which case the samples would not pass the test owing to the presence of natural chlorides in the cotton. The firm's suppliers subsequently submitted a further sample which proved to be satisfactory.

Another informal sample, that of cotton felt (unused) proved unsatisfactory having a dust index of 2·7 which failed to meet the requirements of 1·8. A formal sample of cotton felt was later taken which was, in fact, layered raw cotton and spun material mixture. This brought the sample within the definition of rag flock and tests were carried out accordingly. This formal sample, however, failed to meet the requirements, having a chlorine content of 64 parts per 100,000 compared with the permitted maximum of 30 parts per 100,000, and also soluble extracted matter which was 3·7 per cent. compared with the permitted maximum of 1·5 per cent. The firm were informed that it was an offence to have materials on the premises which did not conform to the standards laid down in the regulations.

Supervision of Offices, Shops and Railway Premises

SHOPS ACT, 1950

At the commencement of the year four whole-time Shops Act Inspectors were available to carry out the general routine inspections and the various other duties relating to to the retail distributive trade as prescribed by the provisions of the Shops Act, 1950, and the Offices, Shops and Railway Premises Act, 1963.

The duties include:-

General Inspections – Periodical inspection and the recording of all the necessary particulars of all retail shops, certain wholesale establishments and warehouses.

Conditions of Employment, Assistants – The regular examination of the prescribed records relating to statutory weekly half-holidays, hours of employment on Sundays and compensatory time off in lieu of Sunday employment. The checking of regulated hours of employment of young persons employed in retail shops, cinemas and other places of entertainment and in the catering trade. Visits to ensure that the correct intervals for meals are allowed to all shop assistants.

Staff Accommodation – Inspections to ascertain that a suitable standard is provided and maintained regarding sanitary accommodation and washing facilities made available for use by the staff; that a reasonable standard of heating lighting and ventilation is maintained at all times where staff are employed; to ensure that seating is made available for staff and that suitable facilities are available for the taking of meals on the premises.

Early Closing Day and Night Closing Regulations – Regular routine patrols are made to ascertain that the regulations regarding compulsory half-day closing and general night closing hours are complied with by shopkeepers.

Sunday Trading – Regular routine patrols are made enforcing the limitations of Sunday trading exemptions; the special provisions for Jewish traders and the City of Birmingham (Rednal) Sunday Trading Order, 1939.

The work of the Shops Act Inspectors for the year is summarised as follows:—

GENERAL INSPECTIONS

Visits—Shops Act, 1950, (including Sunday and night visits) ...	19,429
Visits—Offices, Shops and Railway Premises Act, 1963, as from	
1st August	7,022
	<hr/>
	26,451
	<hr/>

STREETS PATROLLED, SHOPS ACT, 1950

Half-day and night closing and Sunday Trading	9,218
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OFFENCES REPORTED FOR ACTION

Half-day closing:	
Sales after closing time	20
Night closing:	
Sales after closing time	2
Sunday trading:	
Illegal sales	28
Summonses issued	22
Warning letters issued in respect of the above mentioned offences	28

Ten summonses were issued in respect of contraventions of the early closing provisions of the Shops Act, 1950.

Twelve summonses were issued in respect of contraventions of the Sunday trading restrictions of the Shops Act, 1950.

All these charges were brought following the service of official warning letters for previous similar offences and in each case a imposed by the Magistrates.

Offices, Shops and Railway Premises Act, 1963

The year under review represents the first complete year's working under this new legislation. It will be seen from the under-mentioned statistics that the total number of registrations had increased by 956 to 13,299 at the end of the year. This total discounts 543 cancellations recorded in the register, indicating the high rate of turnover of premises covered by the Act, in a large city.

There is no doubt that a high percentage of the additional registrations followed successful prosecutions in relation to office and shop premises known to have been in occupation during the prescribed period for registration. The fact that Section 49 (4) introduces a maximum time limit of twelve months for the commencement of such proceedings, strictly limits the efforts of the enforcing authority in this connection, particularly while a serious staff shortage prevails.

Nevertheless, 3,771 registered premises became the subject of their first general inspection during the year, representing approximately 28·4 per cent. of the total number of premises registered. These inspections resulted in the service upon occupiers and owners of 1,354 preliminary notices dealing with the main requirements of the Act. This reveals that approximately 36 per cent. of all premises subject to initial inspection were found to be deficient in one or more respects.

The following statistics show the number and class of premises registered together with the number of general inspections carried out during the year:—

<i>Class of premises</i>	<i>Number of premises registered at end of year</i>	<i>Number of registered premises receiving a general inspection during the year</i>
Offices	4,430	1,122
Retail shops	7,462	2,479
Wholesale shops, warehouses ...	614	17
Catering establishments open to the public, canteens. ...	777	153
Fuel storage depots	16	—
TOTALS	13,299	3,771

The number of visits of all kinds made by inspectors to registered premises totalled 9,565 for the year.

It is interesting to note that whilst registrations have increased as shown above, apart from the cancellations which have occurred, both the total number of males and females employed have decreased by 585 and 129 respectively when compared with the figures for 1964.

The Department continues to deal with a large number of enquiries, on a day to day basis, and much advice and information has been given to architects, surveyors and estate agents, in addition to employers and employees, on specific requirements of the Act and Regulations so far made thereunder.

During April and on information received from the Manchester Public Health Department, the control room of an electrically illuminated display sign, erected on a new office block in the City Centre, was visited by senior public health inspectors. It was apparent that the operation of the apparatus contained therein, which involved the use of several pounds of metallic mercury, constituted a serious risk to the health of the two operators concerned who were already affected by the mercury. The apparatus was identical to that being operated in Manchester and in the same ownership. It was decided that the premises were not a factory and were the responsibility of the local authority under the Act. The above visit was followed by joint investigations with the Medical Inspector of Factories and the Medical Officer of Health. It was not necessary to initiate proceedings under Section 22 of the Act to secure the stopping of such dangerous conditions and practices, as the occupiers gave the Department immediate and active co-operation in observing urgent precautionary measures and the provisions of additional facilities. This was followed by extensive alterations to the apparatus and working techniques to remove the hazard which had existed. The apparatus was totally enclosed and was fitted with exhaust ventilation. Handling of mercury was stopped and handwashing insisted upon.

This investigation involved the Department in a considerable amount of correspondence and technical inspections, covering a period of nearly six months. It was a very important one from several aspects in that it involved close co-operation with H.M. Inspector of Factories, the Local Authority and a University Department of Occupational Health and Hygiene, together with consultant services at a general hospital, in controlling a hazard coming under the Act.

During the year, occupiers of registered premises reported 291 "notifiable accidents" to the Department, under various classifications, and 44 of these were the subject of investigation. These investigations resulted in giving of formal warnings in three cases and informal advice in six others. No further action was necessary in respect of the remainder. Details of all notified accidents, under their respective classifications, were submitted to the Ministry of Labour in the prescribed quarterly returns.

As requested in supplement No 1 to L.A. Circular No. 9, issued by the Ministry of Labour, a special survey of lighting standards in office and shop premises in general, was conducted over the last three months of the year. The object was to gain detailed information about the experience of enforcing authorities in requiring "suitable and sufficient" standards of

lighting under Section 8 (1) of the Act, and pending the making of regulations under Section 8 (2). A total of 161 office premises containing 424 office units and 79 shop premises were selected for this purpose. All these premises were visited during the three months under review and light measurements taken. Special readings were taken during the month of November for comparison with standards listed in the above supplement. The above work provides a general impression of the standards of lighting, both natural and artificial, prevailing in offices and shops, including staircases, corridors, wash places, etc. The November readings also provided detailed information on the standards observed in working areas in offices and compared existing standards between selling and non-selling areas in shops.

At the end of the year, a narrative report was prepared covering the full year's working under the Act and in support of the detailed statistics required by the prescribed form OSR.14, being the Annual Report submitted to the Ministry of Labour. A special narrative report on the lighting survey, referred to above, was also prepared to be included with the above returns.

Disinfestation and Disinfection

The Disinfecting and Cleansing Station is situated fairly centrally at Bacchus Road. The station operates under the supervision of a Depot Superintendent who reports daily to the Chief Public Health Inspector. All complaints of infestation received by the Department from occupiers of domestic and business premises are promptly investigated by the public health inspectors. Such complaints refer to infestations by bugs, fleas, flies, cockroaches, blackbeetles, crickets, ants, etc., and following investigation, the necessary arrangements for treatment are made with the Depot Superintendent.

During the year, 1,309 houses received such treatment, being almost identical to the figure of 1,329 for the previous year. In addition to this work, many treatments have been carried out in business premises, including hospitals, licensed houses and restaurants, public baths, factories and schools. Steam flies and cockroaches proved to be the main source of infestations occurring in food preparation premises and kitchens.

The number of separate treatments involved amounted to 162 for the year, representing a very small increase of four over the year 1964.

Charges are not made for treatments to domestic premises but appropriate accounts were submitted in other cases, based solely on the cost of labour and materials used.

SERVICES TO THE TUBERCULOUS

Eleven houses were disinfected following the removal of patients to chest hospitals or into new housing accommodation. Twenty houses were treated in 1964.

The delivery and collection of complete bedding units for tuberculous patients is also undertaken by the depot staff. This service resulted in the delivery of 31 units and the collection of a further 12 units for disinfection prior to re-issue.

DISINFECTION

The Department continued to assist certain aged persons who were incapable of maintaining a reasonable standard of cleanliness in their homes. This service is given free of charge and 65 houses were cleansed, including the removal of rubbish. In addition, 13 beds together with bedding, were removed for destruction.

The steam disinfection plant was again kept in constant use mainly for the disinfection of large quantities of bedding, blankets and clothing. Charges were rendered to appropriate authorities, where applicable, on the basis of 15/-s. per "stove", which represents one complete operation of a steam disinfector. The above work amounted 1,594 complete stoves for the year being almost equal to the figure of 1,608 for 1964. These figures show the constant use to which the steam disinfection plant is subjected year by year.

SCABIES

During the year 1,684 cases received a first treatment for scabies at Bacchus Road Clinic, 925 attending the Male and 759 the Female Clinic. In addition 41 second treatments were given.

The number of cases treated by the School Health Service was 435.

<i>Year</i>	<i>Treated by the Health Department</i>	<i>Treated by the School Health Service</i>	<i>Total</i>
1961	719	203	922
1962	828	248	1,076
1963	984	307	1,291
1964	1,098	408	1,506
1965	1,684	435	2,119

These figures show a further substantial increase in the incidence of this disease.

CLINIC TREATMENTS

Bathing facilities for the cleansing of scabies cases and verminous persons are available centrally at the Cleansing Station. The clinic remains open until 17.15 hours during the week, except Saturday, when it

closes at 12.00 hours. No treatments are provided on Sunday. Details of those carried out for the year are as follows:-

Bacchus Road Clinic (men)

			<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>	<i>Head Lice</i>
Men	...	...	537	262	120	2
Boys	...	...	80	—	—	—
Second treatments			22	—	—	—
Total	...	...	639	262	120	2

Bacchus Road Clinic (women)

			<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>	<i>Head Lice</i>
Women	...	...	409	7	34	} 68
Girls	...	...	350	—	—	
Boys	...	...	308	—	—	33
Second treatments			19	—	—	—
Total	...	...	1,086	7	34	101

Children referred to in the above figures were treated at the same time as their mothers.

It will be seen from the above tables, that the total of scabies cases treated for the year amounted to 1,725, which is a marked increase in comparison with the figure of 1,148 for 1964.

BATHING OF THE AGED AND INFIRM

The facilities provided for the bathing of the aged and infirm were once again extensively used. These aged folk were collected from and returned to their homes in Corporation transport under the care of a health visitor. During the year 932 baths were provided for women and 445 for men, making a total of 1,377, which is near to the figure of 1,449 for 1964.

SEWERAGE AND DRAINAGE

Corporation Housing

The past year has seen the start of the development of major housing schemes on the outer perimeter of the City at Castle Vale, Bromford Racecourse, Bells Lane, Bristol Road South and Ivy House Farm. On four of these sites, the sewerage works are nearing completion and on the fifth, at Bromford Racecourse, will be completed by the end of the year. The development at Castle Vale and Bromford has necessitated the installation of both foul and surface water pumping stations. In addition, there has been a considerable amount of "in-filling" with small estates on vacant land which had been previously considered too difficult or expensive to drain.

Redevelopment

The amount of sewerage work necessitated by redevelopment in the five major Redevelopment Areas of the City has fallen sharply compared with last year as the housing development which has been proceeding on these and other redevelopment areas within the City during the last year has been drained to sewers laid during previous years. The main work has been in the Ladywood Area around the line of the Middle Ring Road, but development has also occurred on the Calthorpe Park Redevelopment Area lying between the Bristol Road and Pershore Road.

Private Development

As the area of land available for private housing within the City steadily decreases, the mileage of sewers constructed by private developers shows a fall. This was accentuated this year by the economic situation, which deferred several small schemes.

Engineering Works

The construction of the Hockley Flyover, which started in 1965, entailed the reconstruction in a prior contract of another length of the Hockley Brook and the Hockley Main Sewer. Similarly, the development of the Aston Shopping Centre in Newtown required the diversion of a length of the Birmingham – Smethwick Joint Sewer. To allow the extension of the runway at Birmingham Airport, a length of the Hatchford Brook had to be culverted, and part of the Birmingham, Meriden and Solihull Joint Sewer reconstructed.

During the 1939-45 war, a portion of the relief culvert for the River Rea at Longbridge was constructed to serve as an air raid shelter. The remaining portion of this culvert has now been completed, thus removing the risk of flooding at the B.M.C. Factory. Down stream of this relief

culvert, a length of the River Rea between Tessall Lane and Longbridge Lane has been culverted by the Central Electricity Generating Board in order to provide a site for a new transformer station.

In addition to the works already mentioned, 5,070 building plans have been examined for compliance with the Byelaws. This drop of six hundred compared with 1964 may, perhaps, be attributable to the economic situation.

It is estimated that at least eighty per cent. of trade effluent discharged in the City is under some form of control, but the persistency of acidic discharges, particularly to the Saltley Works, stresses the necessity to maintain and extend this control.

The work of designing, inspecting the operation of and reconstructing as necessary the various sewage works attached to schools and institutions under the control of the Children's and Education Departments outside the City has continued.

During the last year, 40·65 miles of foul and surface water sewers and culverts have been constructed by the Corporation within the City and in addition 3·86 miles have been laid by private developers. During the course of this work, four dumbwells have been demolished. The rate of construction of sewers by the Corporation is much higher than in previous years, when over the period 1960 to 1964, the lengths of sewers constructed averaged 9·68 miles per year. This four-fold increase is almost entirely attributable to the five major housing sites previously mentioned.

Up to the end of 1965, the total length of public sewers in the City amounted to 1738·08 miles, of which 1109·26 miles are foul water sewers and 628·82 miles are surface water sewers and culverts. This gives a net increase of 42·61 miles after allowing for old sewers which have been demolished or abandoned.

REFUSE COLLECTION AND DISPOSAL

The main function of the Salvage Department being the collection and disposal of refuse from domestic premises, shops, institutions, schools and other properties throughout the City, a total of 345,120 tons of refuse of various types was dealt with during the year under review.

Refuse Collection

The dustless refuse collection system inaugurated in January, 1959, continues to expand and now covers 57·2 per cent. of the total premises in the City.

The use of bulk containers for the storage of refuse at domestic and industrial multi-storey premises, schools, hospitals, etc. also steadily increased during the year, the number now in use being 2,750 serving some 17,200 premises. By this method the inconvenient use of large numbers of small dustbins is avoided with the consequent saving of space. The arrangement whereby the Department collects free of charge bulky articles too large to be accommodated in the dustbin, such as furniture, mattresses, mechanical kitchen equipment, etc. is greatly appreciated by the public to whom the disposal of such items would otherwise constitute a serious problem. The service is periodically brought to the notice of the public by means of advertisements in the local press and by the end of the year 3,835 applications were received for attention. To cope with the heavy metal involved two powerful metal baling presses have been installed.

Dustbins

Dustbins are supplied to domestic premises within the City as a charge against the General Rate Fund and during the year under review the number of receptacles provided totalled 30,397, this figure including 20,860 of the type having the special attachments and hinged lids used with the dustless refuse collection system.

Refuse Disposal

The Department's new Works at Castle Bromwich are now nearing completion and will become operative by the late summer of 1966.

The area covered by the new Works will extend from Erdington in the north-east to Garretts Green in the east of the City and when the building schemes in the Castle Vale area and Bromford Race Course districts are completed, the Castle Bromwich district will comprise a total of some 76,000 premises with an estimated population of 240,525. The City will then be divided into six districts instead of five as at present for the administration of the Department.

In accordance with the declared policy of the Salvage Committee, the design of these Works incorporates an electrostatic precipitator for the control of grit and smoke emission; the first of its kind to be installed in a refuse disposal works in Great Britain. Following the completion of the Castle Bromwich Works the next phase of the Department's modernisation programme will be the re-building of the Brookvale Road Works which, as a result of the re-routing of the M.6 Motorway, will now need to be re-sited.

Personnel

The large turnover of labour experienced over recent years again applied during the year when 687 employees left and 703 new employees entered the service of the Department. Although employees left at an average of 13 per week, the intake was just sufficient to maintain the labour strength but with this turnover difficulties exist in maintaining an efficient and regular service.

It is interesting to note that resignations of refuse collectors at the Works fully operating dustless system are 10 per cent. lower than those at Works operating the old skip collection.

Work Study

During the year a Work Study Section of the Department was instituted and incentive bonus schemes are now in operation for certain craftsmen additional to those already applying to other manual workers.

Vehicles and Plant

The Department's mechanical fleet totals 311 vehicles, this figure including not only the specialised vehicles for refuse collection but also those used in connection with the transport of screened dust and furnace residue, general works transport and angle-dozers for operation on controlled tips.

The workshops at the principal Works of the Department at Montague Street are fully equipped for dealing with all major vehicle repairs and full maintenance, whilst at the other Works equipment and staff are available for dealing with normal running repairs, high pressure greasing and vehicle washing.

A staff of skilled tradesmen and mates is maintained for carrying out the work of repair and maintenance of the refuse disposal plants at the various Works.

Salvage and By-Products

The market for materials such as ferrous and non-ferrous metals, textiles, paper-board, cardboard, etc. remained fairly steady throughout

the year and the sale of these items extracted from the refuse added appreciably to the income of the Department.

In November last the Organic Plant at Montague Street was closed down owing to the decline in the quantities of raw materials arising in the City Meat Market and Abattoir making operation of the plant uneconomical. The closure brought to an end the production of fertilisers, feeding stuffs and animal fat, including "Veg-U-Mus" the fertiliser which had been in popular demand for over 40 years.

Cesspools and Sanitary Pans

During the period the Salvage Department continued to service of emptying 102 cesspools serving 140 premises, and in the outlying areas of the City 76 sanitary pans also received regular attention.

Expenditure and Income

The gross expenditure incurred by the Salvage Department in 1965 was £2,233,197, with an income from all sources totalling £276,690.

THE CITY'S WATER SUPPLY

Headworks

In the Elan Valley treatment of the water with hydrated lime continued throughout the year, but the rate was changed to 8.25 parts per million on 22nd March, 1965, to counteract the increased acidity caused by the introduction of fluoride. The original solution tank of the fluoride feeding plant proved to be unsatisfactory and was replaced by two of improved design. The chlorine dose was maintained at 0.5 p.p.m. The Elan Aqueduct is now carrying its maximum flow continuously except for 48 hours once each year when it is emptied for inspection and maintenance.

Severn Supply Scheme

The construction of the works at Trimpley proceeded satisfactorily. On a cost basis, 35 per cent. of the Trimpley Reservoir, 75 per cent. of the river-intake pumping station and 60 per cent. of the treatment works had been completed and work on the draw-off pumping station had commenced. Construction of the new aqueduct to convey the Severn water to Frankley and the Terminal Works there were well advanced and some yield from this source was expected to be available by the end of 1966.

Clywedog Reservoir Project

Substantial progress has been made on the construction of the main dam, near Llanidloes, by the Clywedog Reservoir Joint Authority of which Birmingham is a constituent member. Excavation was virtually complete and about 20 per cent. of the concrete had been placed. The reservoir will be used to regulate the flow of the River Severn so that, whilst enhancing the dry-weather flow at Bewdley, an average daily abstraction rate of 25 million gallons by Birmingham will be assured and a total of over 100 million gallons per day by all the abstracting authorities.

Frankley Works

All of the Elan Rapid Gravity Filters with the exception of some automatic control equipment have been completed and are working satisfactorily. Approximately 75 per cent. of the Elan water is now treated by rapid filtration and the remainder by slow sand filtration.

Whitacre Works

Raw water pumped from Whitacre Reservoir to Shustoke Reservoir was again dosed with copper sulphate; the equivalent overall dose to the total quantity of water treated being approximately 0.3 parts per million. No major outbreaks of algal growth occurred in the reservoir.

Large areas of pond weed of various types and silt were removed from the upper Shustoke Reservoir by marginal dredging during May and June and the reservoir was returned to normal use in July.

The raw water from Shustoke Reservoir was again dosed with aluminium sulphate for a period of 18 weeks between March and July, the average dose being 11 parts per million.

The design was completed and orders placed for the various components of a new alumina storage and dosing plant which should be commissioned during 1966.

Tests were carried out on the effluent from the washwater settling tanks commissioned the previous year and these showed that the treatment had not been completely satisfactory. Some modifications were made in the settling tanks arrangements and further tests were in hand.

Increasing Demand for Water

The consumption of water averaged 72 million gallons a day in the area of supply during 1965. With consumption approaching the reliable capacity of the Department's sources of supply, some difficulty could be experienced in maintaining a full supply during the summer of 1966 before water from the new Severn source becomes available.

Consumption since 1945 has increased at an average rate of a little over 3 per cent. each year so that, if this trend continued, the authorised abstraction from the River Severn, limited to 25 million gallons per day would suffice only until 1976. Works would then be required for further abstraction from the river and, since considerable time would be required to obtain the necessary authority and to construct the works, advance notice of the Water Committee's requirements has been given to the Severn River Authority which, under the Water Resources Act of 1963, is empowered to grant or vary licences for abstraction.

Area of Supply

Mainlaying for new housing sites, development in the City centre, trunk main extensions, and the replacement of old corroded service mains with new concrete lined mains continued. Multi-storey blocks of flats constructed by the Corporation were provided with boosted supplies where the existing mains pressure was insufficient.

3,200 yards of unlined 30" cast iron main in Westbourne Road, Ampton Road and Sir Harry's Road, Edgbaston, laid in 1909, was scraped, lined with cement mortar and bitumen painted by contractors. The resulting improvement in supply would assist in benefiting those parts of the City Centre supplied by the Middle Level zone.

General

All water distributed within the area of supply was chlorinated at rates between 0.35 and 0.5 parts per million in order to produce a residual concentration of about 0.1 p.p.m. in the water leaving Frankley treatment works. Chlorination at higher rates was necessary for the more polluted Whitacre water, excess chlorine subsequently being removed by treatment with sulphur dioxide.

In January, much fouling of the water at Bartley Reservoir was caused by seagulls which arrived in unprecedented numbers estimated at one time as being about two thousand, but samples of water passing into

distribution throughout this period showed the water to be, as during the remainder of the year, of excellent quality.

The water distributed in the city area was almost entirely the soft moorland water of the Elan Supply. On 18th May, however, a burst on one of the Aqueduct mains resulted in the flow of Welsh water to Bartley Reservoir being seriously reduced, thereby affecting the output from Frankley Works. A blown joint had occurred adjacent to the canal crossing at Wolverley, where access to the main was particularly difficult; nevertheless repairs were completed in two-and-a-half days and the main brought back into commission. During this time, it was necessary to draw on the local Short Heath Well to maintain supplies on the north-east side of the City. Pumping continued until 17th June and the two million gallons a day thus yielded by this source materially contributed to the improvement in the storage position at Bartley Reservoir.

ROUTINE SAMPLING OF CORPORATION WATER

The City Water Department carries out purification of the Welsh water at Frankley which supplies the Greater Birmingham Area, and of the waters from the rivers Bourne and Blythe at Whitacre which supply Coventry Corporation and the North East Warwickshire Water Board. Bacteriological and chemical sampling is carried out continuously throughout the year to ensure the efficiency of treatment and purity of water.

Bacteriological Examination

ELAN VALLEY SUPPLY

The practice of treating the Welsh mountain water, which is impounded in the Elan Valley, by rapid filtration and chlorination before entering the aqueduct continues and sampling at Steventon (half way along the aqueduct) gave results of the highest standard. The water enters the open storage reservoirs at Bartley and Frankley where contamination, principally during the winter months, can take place due to fouling by birds; this is countered by chlorination at Bartley Reservoir outlet. After storage the water passes on to the sand filters of which there are two types, the rapid gravity and slow sand working in parallel. The former filters do not remove bacterial contamination to the same degree as the slow sand ones which produce a water of high quality. A further small amount of chlorine, automatically controlled, is added to the water before it leaves the works.

Excellent results were obtained from all samples taken from the covered service reservoirs and domestic taps throughout the City.

WHITACRE SUPPLY

Samples are taken weekly from the heavily polluted rivers Bourne and Blythe, the contamination being greatly reduced by storage in the Shustoke and Whitacre Reservoirs. Further treatment is necessary before the water enters supply. This in the first instance is by way of micro-

straining followed by rapid sand filtration. Chlorine, to the extent of one and a half parts per million, is added to the water before it is passed through the rapid gravity filters. Following filtration it is chlorinated again by the addition of up to 5 parts per million, the precise dosage being predetermined and automatically controlled. The excess chlorine is then removed by sulphonation which leaves a residual concentration of about 0.25 parts per million in the water leaving the works.

During the early months of the year samples taken from the distribution main, Monwode Lea and Packington, showed a slight rise in the viable counts but there was a marked improvement in the quality of these samples after the resumption of the alum treatment.

Generally, however, from a bacteriological point of view the treated water is comparable to that from Wales, which is surely a remarkable achievement.

WELLS

The wells are situated at Longbridge and Short Heath and are only sampled fortnightly, unless brought into supply, when this is done weekly. Results from both these wells showed the highest degree of purity, even those from untreated water being virtually sterile.

Chemical

The number of samples taken throughout the year, their main composition and range of variations are set out on page 270.

The Welsh water for the most part varies little in chemical composition from year to year. In March the proportion of lime added to the raw water at the Elan Valley works was increased to 8.25 parts per million, to maintain the same plumbo solvency value after fluoridation as before it. There was a slight rise in February in the ammonia content of the Whitacre Water probably due to seasonal variation. The figures for total solid matter and chlorides in the Bourne water during July, August and September appeared to be somewhat high. On investigation it was found that this was due to contamination of the river water by common salt which is quite harmless.

The overall picture once again showed readings which were in keeping with the normal limits.

Radioactivity

Samples of water are taken every two weeks for estimation of radioactive substances. The results so far have been well within the limits advised by the Medical Research Council and by the International Commission on Radiological Protection.

Fluoridation

Fluoridation of the Welsh water commenced on the 4th July, 1964, and the recommended maximum of 1.0 parts per million was reached on the 4th December, 1964. Samples taken from various points and from the tap in the City Analyst's Laboratory show the figure of 1.0 part per million to be consistently maintained.

AVERAGE RESULTS OF CHEMICAL EXAMINATIONS

PARTS PER 1,000,000 (p.p.m.) OR MILLIGRAMS PER LITRE (mg/l) (Extreme values in brackets)

No. of samples taken	Description	Ph.	Total Solid Matter	Ammoniacal Nitrogen (as NH ₃)	Albuminoid Nitrogen (as NH ₃)	Nitrogen in Nitrates (as N)	Oxygen consumed in 4 hours at 27°C. (80°F)	Chlorine in Chlorides	Hardness (as CaCO ₃)	Total Alkalinity (as CaCO ₃)	Fluoride	Detergents	Hardness Permanent	Temporary	Nitrogen in Nitrates (as N)	Erosion (over-lead in pipe coil)	Erosion (over-night with leadstrip)
11	WELSH WATER: Aqueduct outlet	9.1 (8.6-9.6)	47 (44-52)	0.000	0.029 (0.000-0.056)	0	1.3 (0.9-1.8)	10 (9-10)	19 (16-22)	8 (7-9)	0.9 (0.7-1.0)						
12	After storage in Bartley or Frankley Reservoirs	7.6 (6.9-8.4)	45 (43-48)	0.000	0.026 (0.000-0.040)	0	1.2 (0.9-1.7)	10 (9-10)	19 (18-22)	9 (7-10)	0.9 (0.8-1.0)						
12	After filtration and chlorination	7.2 (6.7-7.6)	46 (41-49)	0.000	0.023 (0.000-0.040)	0	1.0 (0.8-1.4)	10 (9-10)	20 (18-22)	8 (6-10)	0.9 (0.8-1.0)					0.5 (0.2-0.6)	111 (85-135)
4	WELLS: Longbridge	6.3 (6.2-6.4)	259 (248-277)	0.000	0.005 (0.000-0.010)	3.5 (2.6-4.9)	0.1 (0-0.1)	20 (17-24)	168 (150-180)	84 (76-92)			90 (88-92)	78 (62-90)	0		
4	Short Heath (Witton)	7.2 (7.0-7.3)	475 (448-508)	0.000	0.002 (0.000-0.010)	13.3 (11.9-15.6)	0.15 (0-0.30)	31 (29-34)	278 (270-300)	112 (108-114)			162 (148-186)	116 (108-122)	0.005 (0-0.010)		
12	WHITACRE: River Blythe	7.5 (7.3-7.7)	498 (384-567)	1.2 (0.000-4.000)	0.424 (0.320-0.640)	5.5 (3.7-7.4)	4.0 (3.1-5.4)	37 (32-43)	288 (210-330)	144 (82-174)	0.25 (0.20-0.30)	0.30 (0-0.55)			0.096 (0.040-0.240)		
12	River Bourne	7.6 (7.5-7.8)	637 (482-975)	0.206 (0.000-0.600)	0.182 (0.080-0.456)	6.8 (4.2-8.9)	2.0 (1.2-4.7)	94 (41-290)	356 (290-400)		0.14 (0.10-0.20)	0.07 (0-0.20)					
12	After storage in Shustoke Reservoir	8.5 (7.8-9.1)	547 (501-577)	0.234 (0.000-0.840)	0.354 (0.236-0.560)	4.2 (1.7-7.2)	2.5 (2.1-3.4)	58 (44-71)	317 (300-340)			0.19 (0.10-0.32)					
12	After filtration and chlorination	7.7 (7.0-8.6)	570 (535-593)	0.009 (0.000-0.048)	0.205 (0.144-0.288)	4.8 (2.4-8.6)	1.7 (1.4-2.1)	65 (52-81)	313 (300-330)		0.15 (0.10-0.20)	0.21 (0.10-0.33)	168 (148-184)	145 (120-162)			

PRIVATE WELLS

INDUSTRIAL

There are now 86 premises within the City which are known to use water from boreholes. Their total is made up as follows:—

				<i>Number of premises</i>	<i>Number of boreholes</i>
Breweries using well water for all purposes	...	...		6	15
Hotels and blocks of flats using well water for all purposes				3	3
Hospital using well water, stand-by only	...	...		1	1
Food preparation premises using well water	...	...		4	7
Industrial premises using well water for all purposes	...			15	22
Industrial premises using well water for industrial purposes only	...	...	...	57	78
				<hr/> 86	<hr/> 126
				<hr/> <hr/>	<hr/> <hr/>

During 1965, 39 bacteriological samples and 11 chemical samples were taken from various premises. The reports obtained from these samples indicated that the water from the boreholes, although hard, was in a state of high bacteriological purity.

DOMESTIC

There remain only two dwellings within the City which have to rely on water from shallow wells. Negotiations are taking place for one to be connected to the mains supply. In the case of the other, the occupant is an old man of 90 who has been in hospital for some long while. No one now lives in the bungalow and the pump has seized up through lack of use.

In the event of the bungalow being re-occupied, steps would be taken for mains supply to be connected.

DWELLINGS WITHOUT AN INTERNAL WATER SUPPLY

With modern housing standards progressively improving, to the extent that some form of central heating is becoming the rule rather than the exception, it is almost incredible that there still remains in the City a considerable number of houses lacking an internal water supply. Many years ago the number of such houses was far higher than that prevailing now and the reduction has been an extremely slow process. The main cause of the decrease is undoubtedly the extensive clearance of slum areas and the building of modern dwellings. On the other side, the primary reason for the large number of houses lacking an internal water supply is the fact that the occupiers either do not want or refuse to have a supply installed.

At the end of 1964 it was reported that the total number of houses without internal water supply was 345. At the close of 1965 the total stood at 319, a reduction of 26 only. The following table details the general statistics:—

Outside Redevelopment Areas :

Included in declared Clearance Areas	24
Life did not justify expense	10
Supplied by wells – usually distant from the nearest main supply ...	1
Space limitations, or other reasons, made provision impracticable...	1
Occupants did not desire an internal supply	217
Lack of drainage made provision impracticable	2
Suitable for installation and notices served on owners	3

Within Redevelopment Areas :

Occupants refused internal supply	61
	<hr/>
	319
	<hr/>

The reduction of 26 on the previous year's total is accounted for thus:—

Houses void, pending demolition and demolished	16
Installed by owners, owner-occupiers or tenants without service of notice	5
Houses being dealt with under Section 16 of the Housing Act, 1957	5
	<hr/>
	26
	<hr/>

Water in Cellars

Householders make complaint to the Department concerning the condition of the property in which they live and it is not unusual to receive a complaint that there is water in a cellar. Sometimes it is a comparatively simple matter to trace the source of this to a defective drain, a burst water pipe or unsatisfactory surface drainage. More rarely, exhaustive tests fail to reveal the defect and in the past it has often been necessary to assume that water of unknown origin is of subsoil origin. Since fluoride has been added to the mains supply it is now possible to trace it by analysis, even after it has been used for domestic purposes and discharged to a drain. If, therefore, it is not possible to determine with accuracy the source of water in a cellar, a sample is submitted to the City Analyst and if there is an indication that there is approximately one part per million of fluoride, then it is reasonably certain that the water is from a hidden waste or from a drain and renewed efforts can be made to trace the defect. This has proved to be exceedingly helpful to the Department in the past year.

SAMPLING OF SWIMMING BATH WATER

The waters of all Corporation Swimming Baths are examined monthly without prior notice for bacteriological content and chlorine concentration. In addition, all bath premises are regularly inspected.

During the year 336 samples were collected and of these 10 failed to come within the adopted requirement of not more than 11 organisms per 1 ml and absence of coliform organisms in 100 mls. From the following table it can be seen that the majority of these unsatisfactory samples were obtained during the months of September, October and November, and were due to either heavy attendances or low concentrations of chlorine which in some instances were the results of temporary mechanical defects. In all such cases a repeat sample was obtained and all of these were found to be satisfactory on re-examination.

<i>Month</i>			<i>No. of samples taken</i>	<i>No. of samples with viable count more than 11 per 1 ml.</i>	<i>No. of samples with faecal coli detected in 100 mls.</i>
January	...	...	25	—	—
February	...	...	25	—	—
March...	...	...	27	—	—
April	...	...	28	—	—
May	...	...	29	—	—
June	...	...	29	1	—
July	...	...	29	—	—
August	...	...	31	1	—
September	...	...	29	3	—
October	...	...	28	3	1
November	...	...	29	2	—
December	...	...	27	—	—
TOTAL			336	10	1

In spite of a poor summer the attendances at the baths were high; nevertheless the results on the whole were admirable and Mr. J. Moth, General Manager of the Baths Department, observes that this reflects the efforts made to ensure hygienic conditions in the City's bathing pools.

The results obtained from samples from the four privately owned and eight school swimming pools complied with the required bacteriological and chemical standards.

PERSONAL SAFETY

HEATING APPLIANCES

The Testing of Guards on Oil, Gas and Electrical Appliances.

By prohibiting the sale of any unguarded fire, the Heating Appliances (Fireguards) Act, 1952 endeavours to protect the user of a portable heating appliance from injury. It was later amplified by the Heating Appliances (Fireguards) Regulations, 1953, which required that every such unit intended for use in dwellinghouses or residential premises, be provided with a guard of such design as would conform to the Regulations and comply with those tests specified in the Schedule to the Regulations.

The Consumer Protection Act, 1961, was extended in 1962 by the Oil Heater Regulations, 1962, which became effective on 1st June, 1962, with the purpose of regulating the design and standard of performance of oil heaters, requiring the rigid attachment of notices giving warning on their use in unsuitable places and positions, and expressly excluding the use of petrol as fuel. Whilst repealing the application of the Heating Appliances (Fireguards) Act, 1952 and the Oil Burners (Standards) Act, 1960, the Consumer Protection Act, 1961 continued the Heating Appliances (Fireguards) Regulations, 1953 as if they had been made by the 1961 Act.

Manufacturers in this country readily re-designed heating appliances of this type to conform to the legal requirements, thus making the task of the inspectorate much easier, but with the increasing import of goods manufactured outside Great Britain, there is always the likelihood of some heating appliances being offered for sale in a sub-standard condition.

The most frequent sources where the few defective appliances might be found are in second-hand shops, usually the proprietor is comparatively new to this line of business, whilst the older-established shopkeeper, having been warned in the earlier days of the Regulations against offering a defective appliance for sale, finds the repair unprofitable and avoids acquiring them. However, there was an occasion in the past year when the attention of some branch managers of a multiple store was drawn to electric fires they were displaying for sale which had heating elements with insufficient distance between them and their guards. It was the practice for the sales assistants to complete the assembly of the fires by inserting the heating element into its socket and clipping on the guards before displaying them on the counter. In these instances, this work had been done carelessly so that the element had not been fully pressed on to the contacts. On notifying the regional office of the Company an apology for the occurrence was received and the managers of all their stores were immediately circulated with instructions to ensure in future that the fires are properly assembled.

Details of inspections made during the year are as follows:—

<i>No. of premises visited</i>	<i>No. of appliances examined</i>	<i>No. of appliances found unsatisfactory</i>
289	1,394	11

The proprietors of the businesses where appliances were found to be unsatisfactory immediately withdrew them from sale pending a decision on their future.

Children's Nightdresses Regulations, 1964.

From time to time serious accidents have occurred in homes where children's nightdresses have accidentally caught fire, resulting in severe burns to children, and in a number of cases proving fatal. Unfortunately, some of the materials used for children's nightdresses have been highly inflammable and when coming into contact with a naked flame or an electric fire have quickly ignited, often with dreadful results.

The Consumer Protection Act, 1961 empowers the Secretary of State to make regulations imposing requirements in respect of any prescribed class of goods to prevent or reduce the risk of death or personal injury. Under this Act, the Children's Nightdresses Regulations, 1964 came into operation on the 1st October, 1964. The Regulations impose requirements in relation to children's nightdresses and accordingly under the Consumer Protection Act, 1961, subject to certain exemptions, no person may sell or have in his possession for sale, any child's nightdress which does not comply with the Regulations.

The Regulations apply only to children's nightdresses – and these are defined as nightdresses which:—

- (a) have a finished garment chest measurement not exceeding 38 inches and
- (b) are of a length which, measured from the highest point of the shoulder to the bottom of the garment, do not exceed 46 inches.

The Regulations do not apply to a nightdress which :—

- (1) is so made or designed that it is unsuitable for wear by persons under the age of 13, or
- (2) is designed as an infant's gown suitable for wear by newly-born babies.

The effect of the Regulations is that all nightdresses coming within the scope of the Regulations must be made of a fabric which conforms to the low flammability requirements of British Standard 3121: 1959. It is the practice of some manufacturers to use elastic or elastic thread for shirring and this will still be permitted. Some materials are chemically treated to make them flame resistant, and nightdresses made from such fabric must bear a warning against washing with soap or soap powder and

against boiling or bleaching. A tie-on label was permitted as an alternative to a sewn on label on nightdresses sold up to the 1st April, 1965 but after that date all children's nightdresses made from this kind of fabric will be required to have a stitched warning label. The Regulations apply to all children's nightdresses irrespective of the date of manufacture.

The local authority may purchase nightdresses for the purpose of testing whether the fabric is of low flammability, but the tests are required to be carried out by one of the six bodies authorised by the Secretary of State for this purpose.

Any person selling or having in his possession for sale children's nightdresses that do not conform to the Regulations will be guilty of an offence and liable on summary conviction to a fine not exceeding one hundred pounds, or in the case of a second or subsequent offence to a fine not exceeding two hundred and fifty pounds or to imprisonment for a term not exceeding three months or to both.

Throughout the year regular observations have been kept on shops and open markets to ensure that children's nightdresses are in accordance with the Regulations. No contraventions have been detected.

INDUSTRIAL PREMISES

Sanitary Accommodation in Factories

Sanitary matters arising in factories are dealt with under the provisions of Part I of the Factories Act, 1961, and when these are not observed, the factory occupier or other person responsible becomes liable to a fine on summary conviction.

The Act indicates the extent to which the provisions of this part are to be enforced by the local authority and includes general requirements relating to cleanliness, over-crowding, temperature, ventilation, drainage of floors and sanitary conveniences in factories in which mechanical power is not used.

The number of visits paid to industrial premises, defined as "factories" under the Act, totalled 2,611 for the year. Details of this work, including the number of premises registered, are as follows:—

INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

(Including inspections made by Public Health Inspectors)

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	127	189	5	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	4,609	1,963	67	2
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	575	459	3	—
TOTALS ...	5,311	2,611	75	2

CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

<i>Particulars</i> (1)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i> (6)
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>Referred To H.M. Inspector</i> (4)	<i>By H.M. Inspector</i> (5)	
Want of cleanliness (S.1) ...	—	—	—	2	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	5	2	—	1	—
(b) Unsuitable or defective	310	219	—	115	2
(c) Not separate for sexes	2	1	—	3	—
Other offences against the Act (not including offences relating to Outwork)	—	2	—	—	—
TOTAL	317	224	Nil	121	2

The above figures show an increase of 145 in the total number of premises registered when compared with the figure of 5,256 for the previous year. Correspondingly, the total number of inspections carried out by public health inspectors increased by 153 when compared with the figure of 2,458 for 1964.

As in previous years, factory managements continued their co-operation with the Department in complying with the requirements of the informal notices referred to above. Successful prosecutions were instituted in two cases, however, in relation to defective sanitary conveniences, as dealt with under Section 7 of the Act.

Inspectors continued the practice, when making their visits as above, of dealing with other statutory duties in connection with factory canteens, outworkers, etc., at the same time. This policy ensures the most economical use of available manpower.

Outworkers

The homes of persons who carry out light tasks in connection with the making, ornamenting or finishing of certain classes of goods are referred to as outworkers' premises. The employers of such persons are required under Section 133 of the Factories Act, 1961, to supply the local authority with lists of names and addresses of outworkers during the months of February and August in each year.

The August return for 1965, which was submitted to the Ministry of Labour, gave the following particulars:—

LIST OF OUTWORKERS 1965

<i>Nature of Work</i>							<i>Number of Outworkers in August</i>
Wearing apparel	...	...	...	...	...	...	66
Household linen	...	...	...	...	...	...	7
Furniture and upholstery	...	...	...	...	...	...	6
Electro-plate	...	...	...	...	...	...	28
Brass and brass articles	...	...	...	...	...	...	340
Paper box making	...	...	...	...	...	...	78
Lampshades	...	...	...	...	...	...	1
							<hr/> 526 <hr/>

The above figures show a decrease of 66 in the total number of outworkers employed, when compared with the figure of 592 for the previous year. The total number of visits made by public health inspectors to outworkers' premises amounted to 265 and these inspections revealed no work being done in premises considered to be injurious or dangerous to health.

Town and Country Planning Act, 1962

In order to ensure that maximum use is made of the above Act in making certain that good planning incorporates the legislated requirements of public health and recommendations made in codes of practice, a close liaison is maintained between this Department and that of the City Engineer, Surveyor and Planning Officer.

Plans and applications which in any way have a bearing on the work of the Department are forwarded to the Chief Public Health Inspector for examination and comment. Such plans include food premises, factories, shops, houses and housing projects. After preliminary examination they are passed on to specialist officers within the Department where appropriate. During the year, 1,863 applications were dealt with, which represents a decrease of 53, when compared with 1,916 for 1964. These

applications, together with appropriate plans, were scrutinised by the under-mentioned officers as follows:—

	<i>Number of applications referred</i>					
Public health inspectors	1,705
Smoke inspectors	501
Housing inspectors	165
Milk inspectors	9
Shops inspectors	196
Food inspectors	15
Medical Officers	2

Opinions of the various officers were collated and suitable replies prepared by the Chief Public Health Inspector. It was necessary to make comment in 987 cases, or approximately 53 per cent.

NOISE ABATEMENT

Noise in a modern world is inevitable, but is *excessive* noise inevitable? Many people are not now prepared to tolerate noise which they consider can be abated or minimised.

The manufacturers of industrial machinery and domestic appliances could not doubt do much to reduce the noise emitted by machinery, but if these machines are accepted without thought to the noise problems that may arise, the manufacturer is not prepared to spend time and money on methods to minimise the noise emitted.

The Noise Abatement Act came into operation on the 27th November, 1960, and provided that noise or vibration which is a nuisance shall be a statutory nuisance in accordance with the provisions dealing with statutory nuisances under the Public Health Act, 1936. The provisions of the Act do not apply to noise occasioned by aircraft or to noise caused by statutory undertakers. In proceedings brought in respect of noise or vibration caused in the course of a trade or business, it shall be a defence for the defendant to prove that the best practicable means have been used for preventing, and for counteracting the effect of, the noise or vibration.

The numbers of complaints of noise, especially at night, have increased considerably since the Noise Abatement Act, 1960 came into operation, and in most cases the complaints are justified. When managements or owners of industrial premises are notified of a complaint of noise they are generally sympathetic towards the complainants and willing to spend time and money on efforts to reduce the noise to an acceptable level.

Unfortunately, there appears to be a lack of knowledge on the problem of efficient methods of preventing or counteracting the effect of the noise, and the measures undertaken to reduce noise sometimes prove to be of little use. There is no one method to overcome nuisance from

noise; each complaint must be carefully investigated and suitable action taken which will be adequate for the particular problem. It can be appreciated that, if a manufacturer is to spend considerable sums of money on measures to prevent excessive noise, he will be anxious to receive assurances that the improvement effected will be acceptable to the complainants.

The introduction of the Noise Abatement Act, 1960, was heralded as the answer to the problem of noise and it received considerable publicity. It has, however, already been shown by experience that the Act has its limitations and that more could be done towards improving the legislation. The Minister of Science, in April, 1960, appointed a "Committee on the Problem of Noise" under the Chairmanship of Sir Alan Wilson, F.R.S., who submitted his final Report to the Minister in March, 1963. The Report on "Noise" deals with the problem of noise in cities, within buildings, from vehicles, railways, aircraft, building operations, industry, and covers practically every way in which noise can be a nuisance.

With regard to industrial noise Paragraphs 354-357 of the Report state:—

"We have ample evidence that industrial noise causes widespread annoyance . . . It is suggested by the evidence that was obtained by the Building Research Station, that people living in the old established industrial areas of the country are more tolerant of industrial noise than those who live in areas in which noisy industry is not so well established. The simplest explanation of this difference is, of course, that people get used to noise. We think, however, that this explanation may be an over simplification and that the answer is a more complex one reflecting different social and economic attitudes towards industry. We consider it likely that, as economic standards of living rise, the public's tolerance of noise, as of other discomfort, will fall. We consider, therefore, that greater attention must be given to the control, or reduction, of noise from industrial premises. At the same time we are pleased to be able to say that many local authorities are well aware of this problem and do a great deal to prevent annoyance from noise by advice and good planning . . ."

In spite of the recommendations of the Committee on the Problem of Noise submitted three years ago, no amendments to the legislation have been made.

During the year, 161 complaints of noise have been investigated. The majority of these complaints referred to noise during the night. In many instances a noise occurring during the day may be tolerated, but at night, when the general background of noise is reduced, then a specific noise may become intolerable.

In some of the old established factories where noisy processes are carried out it would appear that the only remedy to overcome the nuisance would be to entirely rebuild or resite the factory premises or, alternatively, rehouse the nearby residents.

In a large industrial city noise problems will always occur, but nevertheless industry should be more conscious of this problem and one of their first considerations when installing machinery or carrying on noisy processes, should be to ensure that noise from the machinery or process will not cause nuisance to nearby residents.

ATMOSPHERIC POLLUTION CONTROL

The reduction of pollution of the atmosphere is still a matter of the greatest importance, and the drive towards "Clean Air" is being maintained. Industrial and commercial undertakings are fully aware of the need to prevent avoidable emissions of smoke. The visible pollution of the atmosphere is steadily diminishing and the clear chimneys of many works are indicative of the efforts made by industry to prevent the emission of smoke. Householders, too, are assisting to reduce the pollution of the atmosphere by installing more efficient heating appliances, many of which are designed to burn smokeless fuels, many are being installed voluntarily outside smoke control areas. It is pleasing to note that, when an area is established as a smoke control area, a considerable number of the occupiers of dwellings in the area will have carried out the necessary work of replacing coal fired grates by smokeless fuel burning appliances long before the Smoke Control Order is confirmed.

Smoke Control Areas

The programme of smoke control continues and during the year an additional nine smoke control orders came into operation, bringing under smoke control a further 20,376 dwellings and 975 other premises within areas totalling 3,241 acres. Four other smoke control orders confirmed by the Minister of Housing and Local Government will come into operation during the year 1966.

The above figures would have been considerably improved had the No. 99 Smoke Control Order received the Minister's confirmation. It was anticipated that confirmation of this Order would have been received by the end of November but, unfortunately, two objections to the Order were received, and as neither objector was willing to withdraw his objection it was necessary to hold a local public inquiry. It is likely therefore, that confirmation of this Order will not be received before April, 1966.

On the 17th March the Ministry of Housing and Local Government issued Circular No. 13/65 in which supplies of solid smokeless fuels were considered. Reference was made to the White Paper of December 1963 in which it was forecast that supplies of smokeless fuels of all types should be adequate to meet demand, with the exception of the open-fire solid fuels. The supplies of smokeless fuels for open-fires were considered adequate for existing smoke control areas, but there would be a shortage of such fuels for future areas. The reason being the technological changes in the gas industry, whereby there would be a smaller production of coke. It was recognised that the estimates of the deficiencies were subject to large margins of error.

Since the estimates were made for the White Paper, the National Coal Board and the manufacturers of "Coalite" and "Rexco" have increased considerably the production of open-fire fuels, so that it is now stated

"The general outlook for open-fire fuels shows a marked improvement, and the producers have advised that they expect regional difficulties in the supply of reactive open-grate fuel to be largely overcome during the next two years".

The Circular referred to states, "Your Council are asked to note that the references in the statement to increased production and availability of open-grate fuels relate only to some of the specially reactive premium fuels. The White Paper forecasts of production of ordinary open grate gas coke, the cheapest open grate fuel, stand without material alteration".

The Parliamentary Secretary made it clear to the Clean Air Council that the producers' present forecasts of fuel availability were based on the assumption that, for purposes of Clean Air Act grant, the present freedom of choice between fuels and appliances will continue to operate when future smoke control areas are established.

In June, 1965 the Ministry of Housing and Local Government issued a further Circular No. 51/65 in which guidance is given to local authorities on costs of appliances which are acceptable for grant purposes. Estimates for costs of establishing a smoke control area will readily be accepted by the Minister if the expenditure falls within the costs given, but he will not normally accept any proportion of costs which exceeds the appropriate limit. The costs given in the Circular relate to the cost of appliances only; installation costs are not taken into account.

The National Coal Board produced a new fuel during the year; this fuel being a small briquette, made from anthracite and subjected to a mild heat treatment to remove volatile matter. In appearance this fuel is very similar to Phurnacite and has the name of "Phurnacine". The new fuel was declared an authorised fuel by the issue of The Smoke Control Areas (Authorised Fuels) Regulations, 1965 on the 30th July, 1965, but a further Regulation issued on the 12th November, 1965, entitled "The Smoke Control Areas (Authorised Fuels) (No. 2) Regulations, 1965" revoked the previous regulation, but declared the briquetted fuel now known as "Multiheat" to be an authorised fuel.

The National Coal Board issued a leaflet in July 1965 in which it stated that within the next two or three years the annual output of solid smokeless fuels of all kinds will be about three million tons higher than the combined public demand in 1964. Very much more than that could be added to the growing market quite quickly, should demand rise faster than it has been doing during the past few years. The progress on the production of solid smokeless fuels is such that the National Coal Board indicates that local authorities can carry out their smoke control plans without hesitation about supplies of solid fuels, and indeed could step up the pace of smoke control with the knowledge that the solid fuel interests will ensure the required fuel will be available.

The plant near Coventry, designed to produce some 660,000 tons of "Homefire" per annum and which should have been in operation by the end of the year, did not, unfortunately, come into operation as planned, but it is hoped it will be in production during 1966. In spite of a few complaints of alleged shortage of solid smokeless fuels, the overall position with regard to solid smokeless fuels was encouraging, and with the "Homefire" plant in production in 1966 the future position should be satisfactory.

Unfortunately, the increasing supplies of solid smokeless fuels apply only to the dearer premium fuels, whilst the cheapest solid smokeless fuel, gas coke, due to the technological changes in the manufacture of gas, is likely to be restricted in supply and may, in the distant future, disappear altogether. At the present time supplies of all the fuels are available in the Birmingham area, although there has been some difficulty in obtaining adequate supplies of Anthracite and Homefire, during the winter months.

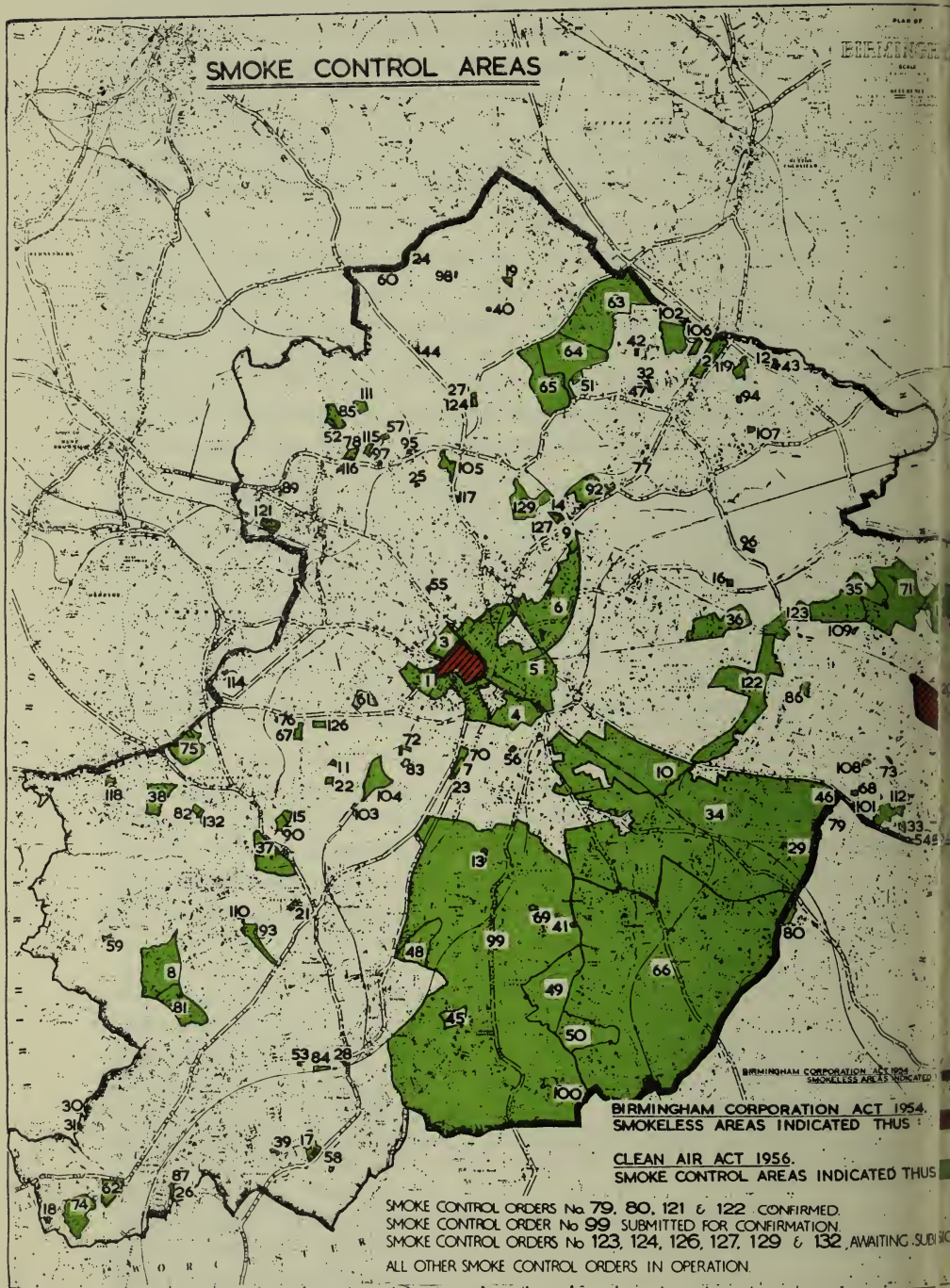
The West Midlands Gas Board, towards the end of November, found themselves in difficulty in supplying the required quantity of gas. This was due to the Tipton plant, because of a delay in the supply of certain equipment, not coming into service as anticipated and to the coldest November weather for many years. The position was satisfactory within a few days, but it could not be foreseen that this shortage of gas was to be the harbinger of more serious problems to come within the next few months, and caused by simultaneous breakdowns at major gas-producing plants.

The City's largest smoke control area to date came into operation on the 1st December, 1965. This area covers the Hall Green and Springfield districts and part of the Acocks Green Municipal Ward. The area is of 2,898 acres, and contains 19,516 dwellings and 930 other premises, and the very considerable reduction in the use of bituminous coal in this area will make a substantial contribution to the drive for clean air.

It is felt that occupiers of dwellings in smoke control areas understand the need for clean air, and are ready to assist in achieving this aim. Nevertheless, some coal merchants still deliver coal to resident in smoke control areas with the result that smoke is noted being emitted from their chimneys and this leads to legal proceedings being taken against these householders for contravention of the provisions of the Smoke Control Order.

It is interesting to note the trend towards "tapped fuels" such as gas, electricity and oil, and the increase in the number of central heating installations. Many people say there is nothing like a coal fire, but nevertheless some of these are happy to change to gas or electric heating and save the work entailed in laying a fire, refuelling, and removing ashes.

SMOKE CONTROL AREAS



"Reproduced by permission of the Geographers' Map, Co. Ltd, Vestry Road, Sevenoaks, Kent."

The position in relation to the progress of smoke control areas up to the end of 1965, as indicated on the map, is as follows:—

Smoke Control Areas in operation	.....	.....	.....	.....	114
Smoke Control Orders confirmed but not yet in operation	.....	.....	.....	.....	4
Total number of dwellings and other premises subject to the above 118 Orders	.....	.....	.....	.....	96,167
Total acreage of the Areas	.....	.....	.....	.....	13,747

Atmospheric Pollution by Smoke from Industrial Furnaces

The continued co-operation between the smoke inspectorate and architects, heating engineers, consultants and fuel burning appliance manufacturers results in the most satisfactory of fuel burning equipment being installed and maintained so as to prevent unnecessary pollution of the atmosphere.

Regular observations on chimneys in every district of the City have been maintained throughout the year, the establishment of each smoke control area increasing the number of chimneys to be observed by the smoke inspectorate. During the year 2,665 observations were made on industrial chimneys and in 18 instances was excessive smoke noted. The premises were visited and the responsible person interviewed and informed of the emissions. In 14 cases it was necessary to report the details of the emissions to the Health Committee for authorisation to take all necessary proceedings under the appropriate legislation. In addition to the excessive smoke emissions from chimneys it was found necessary to draw the attention of demolition contractors to the nuisance caused by the burning of waste materials, and two car breakers were also notified of nuisance created by burning of waste materials in the open.

Five Abatement Notices were served under Section 16 of the Clean Air Act, 1956. It was not found necessary to take further action in any of these cases.

Summary of Statutory Action

CLEAN AIR ACT, 1956

Dark Smoke Emissions—Section I

Number of prosecutions ...	...	...	...	...	...	...	8
Total amount of fines imposed	...	...	...	...	...	...	£135

Smoke Control Areas—Section II

Number of prosecutions ...	...	...	...	...	...	...	16
Total amount of fines imposed	£51

Smoke Nuisances—Section 16

Abatement notices served	5
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BIRMINGHAM CORPORATION ACT, 1954

SECTION 35

Central Smokeless Area

Number of prosecutions	2
Total amount of fines imposed	...	...	...	...	...	...	£15

Installation of New Furnaces

The examination of plans submitted under Building Byelaws and of planning applications under the Town and Country Planning Acts, often enables information to be obtained of proposals to install new furnaces. The Clean Air Act, 1956, Section 3, requires that new furnaces shall be, so far as practicable, smokeless, and any person who intends to install a new furnace shall not do so unless notice of the proposal to install such furnace has been given to the local authority. This section of the Clean Air Act does not apply to furnaces designed solely or mainly for use with domestic purposes where the furnaces have a maximum heating capacity of less than 55,000 British Thermal Units per hour. Where new furnaces are installed for burning solid fuel or solid waste at the rate of one ton or more per hour, grit arrestment plant must be installed, and plans and specifications must be first submitted to the local authority for approval. Similar conditions are applicable when pulverised fuel is to be used, irrespective of the amount of pulverised fuel to be burned. Failure to install grit arresting equipment approved by the local authority constitutes an offence.

During the year 202 notifications of intention to install new furnaces were received, and the following table indicates the types of fuels which would be used:—

<i>Coal</i>	<i>Solid Smokeless fuels</i>	<i>Oil</i>	<i>Gas</i>	<i>Electricity</i>	<i>Waste materials</i>
3	4	134	56	2	3

The table indicates that the preference for the use of oil continues, 66·3 per cent. of the installations being oil-fired furnaces; gas fired furnaces being 27·7 per cent. of the total installations, whilst solid fuel burning installations make up only 3·5 per cent. of the total furnaces installed.

Although the cost of oil fuel is greater than that of coal the many advantages gained in burning this fuel are considered by industrialists to be well worth the extra fuel cost.

Heights of Chimneys

Section 10 of the Clean Air Act, 1956 relates to plans, deposited in accordance with building byelaws, which show that it is proposed to erect a chimney for carrying smoke, grit dust and gases from a building.

The responsibility of ensuring that this will be done without prejudice to health or being a nuisance is carried out through the liaison between the Health Department and the City Engineer, Surveyor and Planning Officer's Department, whereby any appropriate plans are circulated for comments in regard to the height of the proposed chimneys.

In accordance with the requirements of the Act consideration is given to:—

- (a) the purpose of the chimney
- (b) the position and type of adjacent buildings
- (c) the levels of the neighbouring ground
and any other matters requiring consideration in relation to chimney emissions.

In 1963 the Ministry of Housing and Local Government issued Circular No. 25/63 with regard to chimney heights and the “Memorandum on Chimney Heights” published at the same time. The Memorandum was to be a guide on the method of assessing chimney heights and to assist local authorities in the exercise of their functions under Section 10 of the Act.

The height of chimney considered adequate is based upon the emissions of sulphur dioxide from the chimney, and the Memorandum provides a simple method of arriving at the weight of sulphur dioxide emitted when burning a given amount of solid or liquid fuel.

Section 10 of the Act applies to premises used other than as residences, shops or offices, and therefore applies mainly to industrial premises.

During the year 43 plans indicating chimneys were submitted by the City Engineer, Surveyor and Planning Officer for comment with regard to the proposed height. All but nine were considered satisfactory.

Atmospheric Pollution from Railway Smoke

Before the Clean Air Act, 1956 the railway steam driven locomotives were said to be responsible for one seventh of the total smoke emitted to the atmosphere. Now, eight years since the Dark Smoke (Permitted Periods) Regulations, 1958 came into operation, which is the only part of the legislation that affects railway engines, considerable reduction in the emission of smoke has been achieved. The number of steam-driven locomotives is steadily decreasing and, with expansion of the electric traction programme, the British Railways Board have undoubtedly made a great contribution to the drive for Clean Air. During the year observations have been maintained in railway stations and depots, but on no occasion has there been need to report the emission of excessive smoke.

Fumes and Effluvia

In an industrial city, where many different trade processes are carried out, it is inevitable that from time to time such processes may give rise to complaint. During the year 118 complaints of fumes and effluvia

were received. The complaints were caused by fumes from paint spraying, fuel burning appliances, pickling vats, diesel engines and polishing plants. In all cases where it was necessary to notify the owners or managements concerned, satisfactory measures were taken to remedy the cause of complaint.

A total of 783 visits relating to fumes and effluvia have been made, these visits including visits to complainants, observations, visits to managements and follow-up visits.

Dust Emissions

The number of complaints investigated referring to excessive emission of dust totalled 48 and these were related to the emission of dust from various sources including demolition works, woodworking machinery and paint spraying. Large quantities of dust are unavoidably caused when buildings are demolished, the lighter dust being carried by the wind over considerable distances whilst the heavy particles fall in the vicinity of the demolition. Contractors can take measures towards reducing the nuisance from dust emissions by careful screening of the buildings being demolished, and the "wetting" of rubble before it is loaded into lorries for removal.

A total of 591 visits has been made in connection with dust emission, this total including observations, visits to complainants and to works. The owners and managements of works concerned are readily co-operative in taking measures required to remedy the causes for complaint and in no case was it found necessary to resort to statutory action.

Pollution Recording Apparatus

Eight pollution recording stations are sited within the City; each station consists of a Standard Deposit Gauge for the collection of solid pollution, and a Lead Peroxide Instrument for the determination of the activity of sulphur in the atmosphere.

The graph indicates the average yearly total of solid matter collected by the Standard Deposit Gauges for the years 1961 to 1965 expressed in tons per square mile for each gauge, and the daily average of the sulphur determinations by the lead peroxide method expressed in milligrams of SO^3 per 100 square centimetres of lead peroxide.

Tables I and II indicate the monthly record of solid matter deposited and the sulphur determination by the lead peroxide method as collected by the gauges. Table III indicates the yearly total of solid deposits per gauge, expressed in tons per square mile, and the sulphur dioxide determination expressed as milligrams of SO^3 per 100 square centimetres of lead peroxide per day.

TABLE I MONTHLY RECORD OF SOLID MATTER DEPOSITED—EXPRESSED IN TONS PER SQUARE MILE (1965)

Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Great Charles Street ...	32.45	31.18	30.32	29.35	25.45	21.34	29.18	22.78	42.52	45.32	65.55	40.66
West Heath ...	6.37	7.70	7.6	9.34	10.41	6.67	8.24	4.07	6.97	4.47	9.61	8.20
Edgbaston Reservoir ...	8.02	10.44	R	13.22	14.88	10.11	9.95	4.94	8.29	8.25	13.42	8.72
Carnegie Institute, Hockley ...	16.44	16.25	31.71	19.06	23.49	14.47	14.80	10.67	16.48	18.29	25.38	15.37
Spring Lane Erdington ...	8.58	6.72	13.24	12.40	10.98	9.59	9.15	9.12	8.51	8.21	12.16	14.55
Treatford Lane, Alum Rock ...	10.94	8.29	16.11	11.31	23.39	10.07	9.90	5.81	8.42	6.34	13.79	12.24
Tower Hill Perry Barr ...	11.60	6.29	13.40	8.98	11.49	9.01	10.54	8.57	7.75	7.82	17.24	12.72
St. John's Restaurant Deritend	24.25	33.51	38.88	32.87	24.19	16.52	18.14	11.55	16.42	20.88	25.46	20.16

R — Indicates Gross Contamination by Foreign matter.

TABLE II MONTHLY RECORD OF SULPHUR DETERMINATION BY THE LEAD PEROXIDE METHOD—EXPRESSED AS MILLIGRAMS OF SO₃ PER 100 SQUARE CENTIMETRES PER DAY (1965)

Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Great Charles Street ...	5.61	5.98	5.39	3.49	2.44	1.65	1.60	1.55	2.29	4.70	6.27	6.32
West Heath ...	2.47	2.95	1.45	1.26	0.63	1.01	0.42	0.46	0.79	0.85	2.72	1.25
Edgbaston Reservoir ...	4.12	4.69	A	2.06	1.40	0.57	0.87	0.92	1.49	2.78	4.49	2.44
Carnegie Institute, Hockley ...	2.45	2.53	2.60	2.58	1.44	1.68	1.26	1.65	2.17	4.14	4.77	4.80
Spring Lane Erdington ...	3.87	2.66	2.97	1.92	1.32	1.16	0.91	1.15	1.75	2.17	2.91	3.74
Treatford Lane, Alum Rock ...	2.10	2.02	1.59	1.24	0.85	0.63	0.60	0.62	0.98	1.14	2.17	1.75
Tower Hill Perry Barr ...	2.11	2.13	2.20	1.21	0.78	0.52	0.59	0.69	1.06	1.63	2.11	1.67
St. John's Restaurant, Deritend	4.71	4.71	4.62	2.65	1.81	1.48	1.25	1.30	2.25	3.00	4.67	4.57

A — Indicates accidental loss of sample.

TABLE III

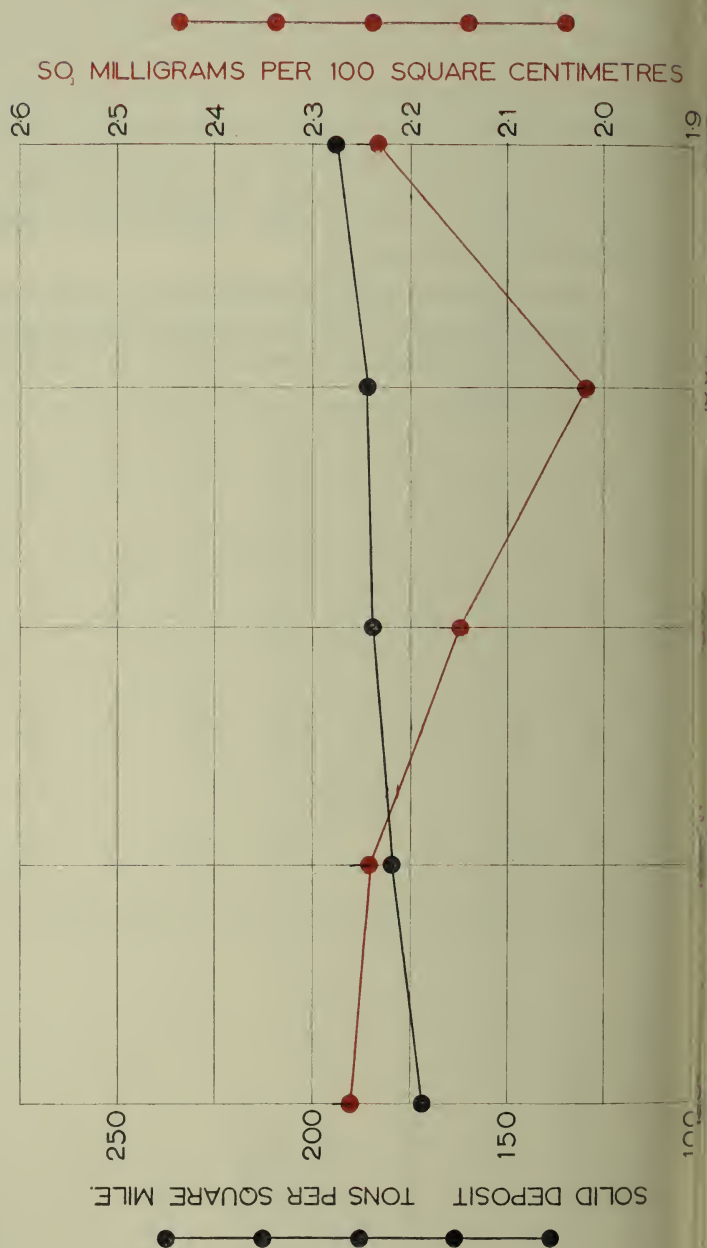
Station and type of area.	Yearly total of solid deposit in tons per square mile Inc. or Decr.				Sulphur dioxide as mgms of SO ₃ per 100 sq. cms of lead peroxide per day. Inc. or Decr.			
	1963	1964	1965	1964-5	1963	1964	1965	1964-5
GREAT CHARLES STREET Commercial	239.65	307.37	416.12	+ 108.75	3.04	3.55	3.94	+ 0.39
WEST HEATH Residential	82.34	99.38	89.65	- 9.73	1.22	1.10	1.35	+ 0.25
EDGBASTON RESERVOIR Residential	136.96	126.16	110.24	- 15.92	2.58	2.27	2.15	- 0.12
CARNEGIE INSTITUTE, HOCKLEY Industrial and residential	236.77	199.42	222.41	+ 22.99	1.71	1.56	2.67	+ 1.11
PUBLIC WORKS DEPOT, SPRING LANE Mainly Residential	sited only since 1.6.64	sited only since 1.6.64	123.21	—	sited only since 1.6.64	—	2.21	—
TREAFORD LANE, ALUM ROCK Residential	137.72	133.68	136.61	+ 2.93	1.35	1.26	1.31	+ 0.05
TOWER HILL Residential	sited only since 1.9.63	188.92	125.41	- 63.51	sited only since 1.9.63	1.36	1.39	+ 0.03
ST. JOHN'S RESTAURANT, DERITEND Industrial	292.59	284.91	282.83	- 2.08	3.26	3.15	3.08	- 0.07

Three of the stations show an increase of solid matter as compared with 1964, an abnormal increase indicated by the Great Charles Street gauge. It will be noted from Table I that a number of the monthly records of this station indicate high deposits of solid pollution no doubt caused by building operations. A new building is being erected close to the Great Charles Street gauge and reaches well above the level of the gauge. Sand, cement, brick dust etc., are carried by the wind from the building being erected and give the abnormal results recorded by the gauge. In spite of this the graph indicates only a slight rise in yearly pollution by solid matter.

Five of the lead peroxide gauges show an increase in sulphur dioxide activity and two show a decrease, the graph indicating a rise in the daily average of SO^3 which is accentuated by the considerable reduction recorded in 1964.

ATMOSPHERIC POLLUTION

GRAPH SHOWING THE AVERAGE WEIGHT OF SOLID MATTER COLLECTED BY DEPOSIT GAUGES EXPRESSED IN TONS PER SQUARE MILE PER ANNUM AND THE MEAN DAILY AVERAGE OF THE SULPHUR DETERMINATION BY THE LEAD PEROXIDE METHOD EXPRESSED IN MILLIGRAMS OF SO_2 PER 100 SQUARE CENTIMETRES.



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